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ABSTRACT

This document is comprised of the six 2002 issues of a bimonthly newsletter on children's health for California's child care professionals. The newsletter provides information on current and emerging health and safety issues relevant to child care providers and links the health, safety, and child care communities. Regular features include columns on resources or current information related to infant/toddler care, school-age child care, public health, staff health, nutrition, inclusion, diversity, health consultancy, product information, pending legislation, available resources, and "Ask the Nurse," a Question-Answer column. A special pull-out section contains discussion of interest to parents and health and safety notes in both English and Spanish versions. Also included is a list of conferences and other events of interest to the California child care community. Featured story topics for each newsletter follow: (1) injury prevention curriculum (Jan-Feb); (2) new car seat laws in California (Mar-Apr); (3) benefits of child care health consultants, and preventing shaken baby syndrome (May-Jun); (4) preventing falls (Jul-Aug); (5) school nurses, and preventing back injury (Sep-Oct); and (6) the West Nile Virus update (Nov-Dec). (KB)

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CALIFORNIA CHILDCARE HEALTH PROGRAM

Child Care Health Connections

A health and safety newsletter for California child care professionals

Published by the California Childcare Health Program
Graduate School of Public Health, San Diego State University

January-February 2002 • Volume 15 • Number 1

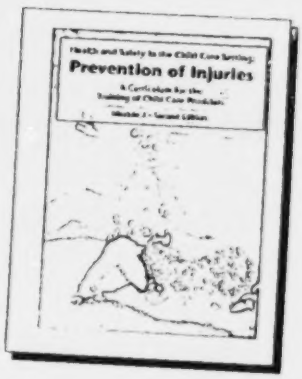
Transition to UCSF continues

As CCHP continues to move forward with the transition from San Diego State University to University of California San Francisco, we take this opportunity to express our indebtedness and gratitude to Betty Bassoff for her many years of collaboration on the newsletter as a founder of CCHP, and as Editor and Advisor. We are also grateful to Annette Weatherford, San Diego Office Administrator, who has overseen all of the printing, labeling and mailing details, as well as maintenance of the subscription list. In addition, we offer our thanks to Asha Vargas who has been assisting Annette for the past year. This will be the last issue in collaboration with San Diego State University. Our March-April issue will be produced in conjunction with UCSF. Newsletter subscriptions and renewals will be handled through CCHP's Oakland office. (See enclosed order form to use if you are not a current subscriber or your subscription has expired.) ◆

Happy New Year!

On behalf of the California Childcare Health Program, we wish you all a new year full of learning and teaching, giving and receiving, health and wellbeing.

Updated Curriculum on Injury Prevention Now Available



We may not be able to prevent every injury that happens in child care, but, as CCHP's updated safety manual shows, we can do a lot to keep our children safe and reduce the severity of accidents. Injuries to children are understandable, predictable and preventable, and injury prevention is an essential part of quality child care programs.

Health and Safety in the Child Care Setting: Prevention of Injuries, CCHP's recently revised curriculum on injury prevention, gives child care providers and trainers all the information they need on this important topic. The curriculum covers the kinds of injuries which most often occur in child care settings, safety policies and safety checks, and a variety of types of injuries and ways to prevent them. Child care providers will find this curriculum a valuable resource for evaluating their programs and making improvements. It is also an excellent tool for trainers, and includes worksheets and overheads. The curriculum may be ordered from CCHP at our Web site (www.childcarehealth.org) or by calling (510) 839-1195. The cost is $15, including shipping and handling. ◆

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Child Care Health Connections©

Child Care Health Connections is a bimonthly newsletter published by the California Childcare Health Program, a nonprofit organization in the Graduate School of Public Health at San Diego State University. The mission of the Childcare Health Program is to provide current and emerging health and safety information relevant to child care providers and to link the health, safety and child care communities.

Six issues of **Child Care Health Connections** are published during the year in odd-numbered months at the subscription rate of $20 per year.

Newsletter articles may be reprinted without permission if credit is given to the newsletter and a copy of the issue in which the reprint appears is forwarded to the California Childcare Health Program at the San Diego address below.

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Information provided in **Child Care Health Connections** is intended to supplement, not replace, medical advice.

This is the last issue of *Child Care Health Connections* to be published by SDSU. Please note new contact information above.

Visit us on the Web:
www.childcarehealth.org

ASK THE NURSE...

Anthrax: Should We Worry About the Kids?

by Tram Trinh, MSN, RN, BS

Q: How can I tell the flu from anthrax infection in my child? I've heard the symptoms are the same.

A: The anthrax scare is a continuing concern to us all. These fears are certainly evident in the child care setting. A child's cough, fever or aches with viral infections are likely to worry parents and child care providers more than usual this winter.

There have been only 11 confirmed cases of anthrax from inhalation identified in a few East Coast communities. Anthrax is not spread from person-to-person contact. **Children and child care providers in child care settings are not at increased risk.**

What is anthrax and how is it diagnosed?
Antrax is an illness caused by a bacteria called *Bacillus anthracis*. There are three types of anthrax: skin, gastrointestinal and inhalational. Inhalational anthrax begins with a flu-like illness followed by more serious symptoms which lead to shock. Anthrax is diagnosed with laboratory tests that confirm the presence of the bacteria.

What about flu shots and anthrax?
Some people believe that getting the flu shot will help to diagnose cases of anthrax. Unfortunately this is not true—it is a complete myth. If someone who has a flu shot still develops flu-like symptoms, this does not mean he or she has contracted inhalation anthrax. The flu vaccine is safe, protects against the flu of the season, and is 70 to 90 percent effective. It has nothing to do with anthrax.

Will taking antibiotics such as Cipro for flu-like symptoms help prevent anthrax?
Some antibiotics and other treatments that have proven effective against anthrax in adults have not been studied as extensively in children. Remind parents and providers that the American Academy of Pediatrics and Centers for Disease Control recommend that they not obtain antibiotics for their children, either by prescriptions or any other means, unless their pediatrician or public health authorities have told them to do so in the face of documented exposure to anthrax.

What if my child comes down with flu-like symptoms?
Children in child care may be exposed to sneezes, coughs, colds or flus. If your child comes down with a fever, cough and aches, do not panic. If the child has not been in areas known to have anthrax exposure or in contact with anything suspicious, there is no need to think of anthrax exposure. Make sure the child gets rest, plenty of fluids, and their fever is reduced. Always seek advice from a health care provider if you still have concerns. ◆

Resources:
Centers for Disease Control at (800) 311-3435 or at www.cdc.gov.
American Academy of Pediatrics at www.aap.org.

INFANT/TODDLER CARE

Resources for Caring for Infants and Toddlers

by Cheryl Oku, Infant/Toddler Specialist
With funding from the Quality Improvement Program, California Department of Education, Child Development Division

With the new year, I wanted to share some wonderful new resources with all of you who are concerned about the quality of life and care for babies.

New Report Released

Caring for Infants and Toddlers is an important new report on infant and toddler care recently released by the David and Lucile Packard Foundation. Some key points from the report:

- During the first three years of life, the infant's brain and body, mind and personality take shape, influenced by everyday experiences of learning and nurturing provided by parents and other caregivers. This report considers the caregiving options and supports available to families with children under age three, and recommends improvements to help families of all income levels give their babies the best start possible in life.
- "People offer the critical inputs for infant development—food and physical safety, comfort and reassurance, playthings and challenges, language and social feedback. More than anything else, relationships matter to babies."
- Children benefit from care in safe surroundings with ample verbal and cognitive stimulation, responsive caregiving, and plenty of attention.

Read the report online or request a copy from www.futureofchildren.org.

Better Baby Care

Another excellent resource with information and resources to promote safe and healthy care, family-centered care and developmental care for infants and toddlers is www.betterbabycare.org.

The Secret Life of the Brain

This exciting resource is an interactive Web site, book and five-part television series that airs on PBS beginning January 22, 2002. The first two programs (described below) are of special interest. For more information, visit www.pbs.org/brain.

- *The Baby's Brain: Wider than the Sky*—Less than a month after conception, brain cells are developing at the astonishing rate of half a million per minute. The brain will ultimately comprise billions of cells linked by trillions of connections, the most complex thing in the universe. How does it organize itself? What are the roles of genetics and environment in brain development?
- *The Child's Brain: Syllable from Sound*—The explosion of language in young children provides one of the most dramatic illustrations of the young brain at work. How do we learn to talk? How do we learn to read? What happens when the brain is physically compromised? And what are the physical roots of language disorders such as dyslexia? ◆

SCHOOL-AGE

Disaster Preparedness

by Gail Gonzalez, RN

Recent tragedies have caused me to experience a deep concern for all my friends in child care. I began to think of our emergency preparedness and whether we have considered what we now know is a possibility. This is a good time to re-visit your plans and review your readiness under new conditions.

Your emergency plan must address man-made and naturally occurring disasters and medical emergencies. Are the new techniques for handling mail in your emergency plan, as recommended by the U.S. Postal Service and the Centers for Disease Control? Do you have out-of-state contacts for all children? Have you planned several alternative evacuation sites and a central contact point for parents so that you can make good decisions at a crucial time?

Consider forming a local team of caregivers, parents, disaster experts and school-age children to meet and look at how the events of September 11 could affect your situation if they had happened near your site. Should your plan be updated?

Programs that serve school-age populations can involve older children in developing and implementing the plan. The more involved children become in planning, the more they can help during drills and in the event of a disaster. Having regular drills which emphasize the specific actions the children need to take while at the child care facility will help them to act safely in a true emergency.

Remember to include in your plan information on behaviors that may occur after a disaster. Our best protection from disaster is to be prepared and ready to act safely if it occurs. ◆

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Health Education Evolves

by Lyn Dailey, PHN

Public health education campaigns are generally created to meet the needs of the "average" person in a group that is targeted for the information. The materials that are created for use by trainers and other educators are also tailored for that average level. It is essential to ensure that you know your audience when presenting workshops or trainings for health or child care professionals—many do not meet the "average" profile.

I am pleased to say that as I have been presenting workshops for child care providers over the last seven years, I have seen a rise in the general awareness of health and safety concepts. When I survey my workshop participants, I find that the majority work in programs with written health and safety policies that are fairly current and reviewed annually. Issues such as exclusion of children with green, runny noses and elevated body temperatures without other signs or symptoms of illness are no longer the norm. This may be attributed to the increase in training available on health and safety in child care; more collaboration among early childhood educators, licensing regulators, and health professionals; improved research on infectious disease and injury prevention in early childhood group care settings; and the willingness of child care agencies and providers to see health and safety as part of the "quality equation." Child care health consultants owe a debt of gratitude to everyone who has contributed to this process and welcomed us into their spheres of influence.

The next challenge is to seek quality health and safety education that is specifically targeted to child care needs and that provides consistent, research-based information that caregivers can use. *The National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care Programs* (also known as Caring for Our Children) provides the guidance and resources for such education. Let trainers know that you would like them to utilize these recommendations when addressing health and safety issues. A new, revised edition will be available in late December or early January. What might not be so readily available is health education material in languages other than English. It is up to us to pressure agencies to allocate resources to translating materials and adapting them to meet the needs of multiple communities.

Finding a common voice to improve health and safety in child care will result in healthier children, staff, parents and communities. That's what public health is all about.

You can access or order the *National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care Programs* online at http://nrc.uchsc.edu/national/index.html.◆

Play is often talked about as if it were a relief from serious learning. But for children, play is serious learning. Play is really the work of childhood.

—Fred Rogers

Oh My Aching Neck!

by Susan Jensen, RN, MSN, PNP

The neck and shoulders take a lot of stress with repeated turning, jerking, lifting and hunching. We carry tension in this area as well.

Consider this: three minutes a day to clear your mind, relax and stretch your neck and shoulders. Easy to get the time? No. Impossible? No. Be creative. How? Do this in the shower or while the kids are napping or quiet, or spend a few minutes in the car before or after work (or both). Make a commitment to doing these stretches at least once a day. You will soon find that you *want* to do them more often.

As you try these three easy stretches, move slowly, deliberately and pay attention to which muscles are being used. Never go beyond your edge of comfort. This isn't a work-out, test or competition. If you have any history of neck and shoulder problems, check with your physician before doing these stretches.

Inhale and raise your shoulders up. Let go with an "ahhh" and gently drop your shoulders back down. Raise your shoulders, rotate them backwards, then forward. Next, inhale, and as you exhale slowly lower your chin towards your chest, creating a long gentle stretch along the back of the neck and upper spine area. Take several deep breaths with the chin down. Inhale as you lift the head back up. Repeat each exercise several times.

At first you may feel impatient and be thinking about all the things you need to do, but as you continue the routine it will become a respite that you can look forward to and use to recharge. Try the exercises right now. Feel better? Good! ◆

Baby Teething

by A. Rahman Zamani, MD, MPH

The period of time in which the first few teeth begin to erupt is called teething. The process by which teeth break through the surface of the gums is associated with symptoms that can be very difficult for infants and confusing for parents. Research suggests that symptoms such as high fever, vomiting and diarrhea reported by parents and blamed on teething are not at all related to teething and as a result there have been stories of parents not seeking proper medical attention for sick children.

Teeth development

When a baby is born, the first set of teeth is almost completely formed inside the jaws and under the gums. Teething usually starts between 5 and 9 months and most children have all 20 of their primary teeth by their third birthday. Generally the two bottom front teeth will appear first, followed about four to eight weeks later by the four upper teeth.

Baby's teeth are important

Teeth not only help in chewing food, but also give your child a nice appearance, nice smiles, and help in talking. The first set of teeth is also important in saving space for permanent teeth to grow in straight.

Signs and symptoms of teething

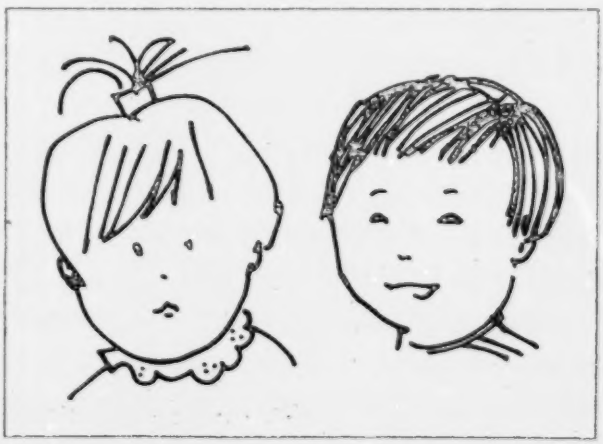
Often the gums around the new teeth will swell and become tender. Teething may cause restlessness, irritability, crying, low-grade temperature, excessive drooling, disruption of eating and sleeping habits, and a desire to bite something hard or rub on the gums. The drooling that accompanies teeth can cause a rash on baby's face, neck or chest. Teething does not cause serious health problems.

Tips for easing symptoms of teething

- Gently rub or massage the gums with one of your fingers to ease your baby's discomfort.
- Ice cubes or cold food items wrapped in cloth are helpful in reducing inflammation.
- Teething rings are useful, but avoid the ones with liquid inside. The liquid may not be safe if they break, and they get too hard when frozen, doing more harm than good.
- Never tie a teething ring around baby's neck. It may cause strangulation.
- Try to keep the child's face dry. Wipe it often with a cloth to remove the drool.
- If you choose over-the-counter medication, be aware that products containing benzocaine (a local anesthetic) can interfere with the gag reflex, causing infants to choke.
- Pain relievers and medications you rub on the gums are not necessary or useful either, since they quickly wash out of the baby's mouth.
- Do not use medications that contain alcohol, as they can be toxic.
- If symptoms continue to worsen, with interruption of sleep or feeding, your health care provider may recommend an infant pain reliever like acetaminophen (Tylenol). Follow the directions and do not give a child baby aspirin or place aspirin tablets on the gums.

When to call for help

1. If symptoms continue to worsen.
2. If the baby has significant bleeding of the gums.
3. If signs of infection such as pain, pus and excessive swelling occur.
4. If your baby seems miserable, or has a fever higher than 100 degrees, diarrhea or vomiting.
5. If the baby has high fever, diarrhea or serious sleep problems. Teething does not cause them.
6. If your child refuses to breastfeed or eat.
7. If no teeth have erupted by two years of age.



For additional information about teething and dental health contact:

American Academy of Pediatric Dentistry at www.aapd.org

American Academy of Pediatrics at www.aap.org ◆

CALIFORNIA CHILDCARE HEALTH PROGRAM

Health & Safety Notes
California Childcare Health Program

CHILDCARE HEALTHLINE

Croup in the Child Care Setting

What Is Croup?

Croup is a very common respiratory problem. It is a swelling of the airway at the voice box (larynx) and windpipe (trachea) usually caused by a virus. The same virus that causes croup can cause other respiratory diseases like bronchitis, bronchiolitis and pneumonia. Croup is characterized by a harsh barking cough that can be scary for children and caregivers.

Who Gets It and When?

Croup is most common in children under 3 years of age. Some children get croup as often as they have a respiratory illness. It can occur at any time of the year, but is most common between October and March.

What Are the Symptoms?

When a child has croup, the airway just below the vocal cords becomes narrow. This makes breathing noisy and difficult. Usually a child with croup has a low fever. Because the voice box contains the vocal cords, the main symptom of croup is a harsh cough that sounds like a seal barking, following a runny nose, cough and hoarseness. Croup usually gets worse at night with a crowing sound while breathing. Croup may last one to seven days. Croup is usually managed by moisturizing the air.

If the child stops breathing or begins to turn blue, call Emergency Medical Services (9-1-1).

How Is It Spread?

The germs which cause croup are spread from person to person by contact with respiratory secretions (sneezing, coughing, saliva). Croup is about as contagious as the common cold. Children with croup or other respiratory infections should not have *frequent* contacts with infants less than six months of age.

Should the Child Stay Home?

There is no reason to exclude the child from child care simply because of their harsh cough. However, you can separate the child from other children in the program if (1) a specified cause is identified that requires exclusion, or (2) the child is not well enough to participate in usual activities, or (3) the illness results in a greater need for care than can be provided by the staff without compromising the health and safety of other children.

When Should the Child Be Sent Home and Seen by a Health Care Provider?

A child who rapidly develops a crowing sound when breathing in and out (while at rest) needs to be seen by a health provider. This child may appear very sick, with a high fever, drooling, and a preference for sitting up. These symptoms are due to blocked air passages.

What Can Be Done to Limit the Spread?

To prevent the spread of infection, follow routine healthy practices:

- Handwashing is the most important infection control measure. Make sure that all children and staff use good handwashing practices, especially after wiping or blowing noses; after contact with any nose, throat or eye secretions; before preparing or eating food; after toileting.
- Clean and disinfect all mouthed toys and frequently used surfaces on a daily basis.
- Make sure that the facility is well ventilated, and that children are not crowded together, especially during naps on floor mats or cots. Open the windows and have the children play outside as much as possible, even in the winter.
- Teach children to cough and sneeze into their elbow, wipe noses using disposable tissues, throw the tissue into the wastebasket, and wash their hands.

References:

Infection Control in the Child Care Center and Preschool, Leigh G. Donowitz, Third Edition, 1996.

Red Book: Report of the Committee on Infectious Diseases 25th Edition, American Academy of Pediatrics (AAP), 2000.

Pediatric hospitalizations for croup (laryngotracheobronchitis): Biennial increases associated with human parainfluenza virus 1 epidemics. Marx A, Torok TJ, Holman RC, Clarke MJ, Anderson LJ.

By Rahman Zamani, MD, MPH *Revised (Nov 2001)*

California Childcare Health Program

The California Childcare Health Program (CCHP) is a community-oriented, multidisciplinary team dedicated to enhancing the quality of child care for California's children by initiating and strengthening linkages among the health, safety and child care communities and the families they serve.

Name of Publication	Quantity	Unit Price	Extended Price
Prevention of Infectious Disease Health and safety in the child care setting. A curriculum for teaching methods of disease control in child care, 2nd edition (2001).		$ 25.00	
Prevention of Injuries An instructor's manual for teaching methods of injury prevention in child care (1998 revision).		15.00	
Health and Safety Notes Two sets of Health and Safety Notes (13-15 topics in each set) covering a wide range of issues in English or Spanish. See other side for specific topics (1999).	I. English ____ Spanish ____ II. English ____ Spanish ____	10.00 per set	
Child Care Lead Poisoning Prevention Curriculum An instructor's manual and informational guide on preventing lead poisoning in child care.	CA-specific ____ National ____	10.00 per copy	
Serving Children in Biracial/Bi-Ethnic Families A supplementary diversity curriculum for the training of child care providers, addressing the needs of children from all combinations of race and ethnicity (2000).		15.00	
Survival Tips Posters (printed in English and Spanish) A set of eight, color laminated 8-1/2" x 11"pages with illustrations of health precautions on the prevention of communicable diseases (revised 2001). See back for specific topics.		15.00 per set	
Child Care Health Connections Newsletter Provides up-to-date information on child care health and safety issues (6 issues per year).	English ____ Spanish ____	20.00 annually	

To order, mail this form and your check (payable to CCHP) to:
California Childcare Health Program
1322 Webster Street #402, Oakland, CA 94612-3218.

Fax purchase orders to 510-839-0339.

Prices include postage.

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__ State Office of Education
__ Other

12/04/01 For additional information, call 510-281-7918, email sevinger@childcarehealth.org or visit our web site at www.childcarehealth.org.

HEALTH and SAFETY NOTES: Topics

SET II

English	Spanish
★ Anemia, Lead Poisoning and Child Care	★ Anemia, Evenenamiento con Plomo y el Cuidado Infantil
★ Biting in the Child Care Setting	★ Los Mordiscos en el Programa de Cuidado Infantil
★ Child Abuse Prevention	★ La Prevención del Abuso Infantil
★ Excluding Children Due to Illness	★ Exclusión e Inclusión del Niño y Excusa por Enfermedad
★ General Recommendations for Cleaning, Sanitizing and Disinfecting in the Child Care Setting	★ Recomendaciones Generales para Limpiar, Sanitizar y Desinfectar el Local de Cuidado Infantil
★ Healthy Snacks for Toddlers and Preschoolers	★ Bocadillos Saludables para Niños Pequeños y de Edad Pre-escolar
★ Is It Safe to Play Outdoors in Winter?	★ ¿Es Seguro Jugar Afuera Durante el Invierno?
★ Exposure to Communicable Disease	★ La Esposición a Enfermedades Contagiosas
★ Pets in the Child Care Setting	★ Las Mascotas en Locales de Cuidado Infantil
★ Sleepwetting in the Child Care Setting	★ Niños que Se Orinan Dormidos en los Locales de Cuidado Infantil
★ The Hygiene/Health Connection	★ La Conexión entre la Higiene y la Salud
★ Types of Vegetarian Diets	★ Tipos de Dietas Vegetarianas
★ Young Children and Disasters	★ Los Niños Pequeños y los Desastres Naturales

SET I

English	Spanish
★ Asthma in the Child Care Setting	★ El Asma en los Establecimientos de Cuidado Infantil
★ Croup in the Child Care Setting	★ El Crup en el Establecimiento de Cuidado Infantil
★ Cytomegalovirus (CMV) in the Child Care Setting	★ Cytomegalovirus (CMV) en el Establecimiento de Cuidado Infantil
★ Diabetes in the Child Care Setting	★ La Diabetes en el Establecimiento de Cuidado Infantil
★ Ear Infections (Otitis Media) and Hearing Loss in Young Children	★ Las Infecciones del Oido (Otitis Media) y la Perdida de la Audición en los Niños Pequeños
★ Fifth Disease or "Slapped Cheek" in the Child Care Setting	★ La Quinta Enfermedad o "Mejía Abofeteada" en el Establecimiento de Cuidado Infantil
★ Hand-Foot-and-Mouth Disease in the Child Care Setting	★ La Enfermedad de Mano-Pie-Y-Boca (Coxsackie A) en el Establecimiento de Cuidado Infantil
★ Head Lice: A Common Problem	★ Los Piojos: Un Problema Común
★ How to Get a Child Tested: Guidelines for Special Education Assessment	★ Cómo Hacer que un Niño Sea Examinado: Pautas para un Asesoramiento de Educación Especial
★ Including Children with Special Needs: Tips for Child Care Providers	★ Incluyendo a Niños con Necesidades Especiales: Consejos para Proveedores de Cuidado Infantil
★ Latex Allergy and Sensitivity in the Child Care Setting	★ Alergia y Sensibilidad al Latex en los Locales de Cuidado Infantil
★ Respiratory Syncytial Virus (RSV) in the Child Care Setting	★ El Virus Syncytial (RSV) del Sistema Respiratorio en el Establecimiento de Cuidado Infantil
★ Runny Nose in the Child Care Setting (The Snuffly Child or Green Gooky Nose)	★ La Nariz Mocosa en al Establecimiento de Cuidado Infantil (El niño mocoso)
★ Understanding and Caring for the Child with AD/HD	★ Comprendiendo y Cuidando a un Niño con Deficiencia de Atención y Trastorno de Hiperactividad
★ Universal Precautions in the Child Care Setting	★ Precauciones Universales en el Establecimiento de Cuidado Infantil

SURVIVAL TIPS POSTERS

English	Spanish
★ Prevention of Communicable Diseases	★ Prevención de la Propagación de Enfermedades Contagiosas
★ Wash Your Hands Properly	★ Lavarse las Manos ¿Cuando y Cómo?
★ Disinfecting Solution	★ Solución Desinfectante
★ Cleaning and Disinfecting	★ Pautas para la Limpieza y la Desinfección
★ Important Rules About Diapering	★ Reglas Importantes Acerca del Cambio de Pañales
★ Diapering Procedures with Diagrams (2 pages)	★ Procedimientos con Diagramas para Cambiar Pañales (2 páginas)
★ Morning Health Check	★ Chequeo de Salud por la Mañana
★ Head Lice: A Common Problem	★ Controlando los Piojos en el Establecimiento de Cuidado Infantil
★ Gloving	★ Usando Guantes

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CALIFORNIA CHILDCARE HEALTH PROGRAM

Health & Safety Notes
California Childcare Health Program

CHILDCARE HEALTHLINE

Tos Ferina en el Establecimiento de Cuidado Infantil

Qué es el tos ferina?

La tos ferina es un problema respiratorio muy común. Es una inflamación de la laringe y de la tráquea generalmente causada por un virus. El mismo virus que causa la tos ferina puede causar otras enfermedades respiratorias como bronquitis, broncolitis, y pulmonía. La tos ferina se caracteriza por una tos áspera que puede ser alarmante para los niños y quien los cuida.

Quién lo adquiere y cuándo?

La tos ferina es más común en niños menores de 3 años de edad. Algunos niños adquieren tos ferina siempre que tienen una enfermedad respiratoria. Puede ocurrir en cualquier temporada del año, pero es más común entre los meses de octubre a marzo.

Cuáles son los síntomas?

Cuando un niño tiene tos ferina, el pasaje de aire justamente debajo de las cuerdas vocales se estrecha. Esto hace que la respiración se vuelva ruidosa y difícil. Usualmente un niño con tos ferina tiene una fiebre leve. Debido a que la laringe contiene las cuerdas vocales, el síntoma principal de la tos ferina es una tos áspera que suena como una foca ladrando, seguido de mucosidad, tos, y ronquera. La tos ferina usualmente se empeora en la noche con un resuello mientras se respira. La tos ferina puede durar de uno a siete días. La tos ferina usualmente se domina humedeciendo el aire.

Si el niño deja de respirar o empieza a ponerse azul, llame a los Servicios de Emergencia Médica (9-1-1).

Cómo se propaga?

Los gérmenes que causan la tos ferina se propagan de persona a persona por contacto con las secreciones respiratorias (estornudo, tos, saliva). La tos ferina es tan contagiosa como el resfriado común. Los niños que padecen de tos ferina o de cualquier otra infección respiratoria no deben tener contactos frecuentes con bebés menores de seis meses de edad.

Debe un niño quedarse en casa?

No hay ninguna razón para excluir a un niño del local de cuidado infantil simplemente por su tos áspera. Sin embargo, se puede separar al niño de los otros niños en el programa si (1) se identificó una causa específica que requiera exclusión, o (2) el niño no se siente suficientemente bien para participar en las actividades usuales, o (3) la enfermedad requiere más cuidado del que puede proveer el personal sin comprometer la salud y seguridad de los otros niños.

Cúando se debe enviar al niño a su casa y ser visto por un médico?

Cuando un niño desarrolla rápidamente un resuello al inhalar y exhalar (mientras descansa) debe ser visto por un médico. Este niño puede parecer muy enfermo, con fiebre alta, babeando, y prefiere permanecer sentado. Estos síntomas se deben a que los pasajes de aire se encuentran obstruidos.

Cómo se puede limitar la propagación?

Para prevenir la propagación de la infección, siga las siguientes prácticas rutinarias de salud:

- La medida más importante para controlar la infección es el lavado de manos. Asegúrese de que todos los niños y el personal utilizen buenas prácticas de lavado de manos, especialmente después de limpiar o sonar las narices, después de contacto con cualquier secreción nasal, de la garganta o de los ojos; antes de preparar o comer alimentos; despues de ir al baño.
- Limpie y desinfecte todos los juguetes que los niños se han llevado a la boca y las superficies que se usan con frecuencia diariamente.
- Asegúrese de que el local esté bien ventilado, y que los niños no estén apiñados (amontonados), especialmente durante la siesta en las colchonetas o catrecitos. Abra las ventanas y haga que los niños jueguen afuera la mayor parte del tiempo posible, aún en el invierno.
- Enseñele a los niños a taparse la boca o la nariz con sus codos cuando tosan o estornuden, a limpiarse la nariz usando pañuelos desechables, a botar los pañuelos desechables en la papelera (el basurero), y a lavarse las manos.

Referencias:

Infection Control in the Child Care Center and Preschool, Leigh G. Donowitz, tercera edición 1996.

Red Book: Report of the Committee on Infectious Diseases, 25a edición, Academia Americana de Pediatría (AAP), 2000.

Pediatric Hospitalizations for Croup (laryngotracheobronchitis): Biennial Increases Associated with Human Parainfluenza Virus 1 Epidemics. Marx A, Torok TJ, Holman RC, Clarke MJ, Anderson LJ.

Por Raluman Zamani, MPH • November 2001

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Peaceful Integration

by Shaquam K. Edwards

When I reflect on my experience as a biracial (European/African American) child growing up in a suburb, I remember that racism, prejudice and bias were part of my daily life. As a result, I wanted people to notice me on the inside but not the outside. The magical thinking of youth convinced me that my racial identity could be separate from who I really was. That illogical notion stayed with me for a long time. Through reflection and self-discovery, I have peacefully integrated my biracial identity with the rest of my being. The journey has led me to be passionate about diversity work and education.

The connection between my own pain and the effects of racism on the children that cross my path is a powerful one. James Baldwin wrote, "in an attempt to correct so many generations of bad faith and cruelty, when it is operating not only in the classroom but in society, you will meet the most fantastic, the most brutal, and the most determined resistance." Children are still experiencing the resistance, and they must not be resigned to it. Adults have to help them understand that the world belongs to them, and that they are worthy of being treated fairly. We have to teach children not to submit to being labeled, tracked and categorized and to have high expectations of themselves. It is our job to make ALL children believe that they deserve dignity and respect, and that they must never make peace with anything less. ◆

NUTRITION

Food Allergies in Child Care

by Judith Kunitz, MA, Child Development Specialist

A food allergy is a heightened response to a food substance such as peanut butter, nuts, wheat, chocolate, milk, soy, seafood, citrus or eggs. Allergic reactions to nuts, fish and shellfish are usually the most serious and can be life-threatening. Symptoms include hives, rashes, swelling of the mouth, hands or feet, breathing difficulties or unconsciousness. Symptoms typically appear within minutes or up to two hours after the child have been exposed.

If you have a child in your care with a food allergy it is vital that you know the specific food substance(s) to avoid and have a food allergy action plan in place.

To set your food allergy action plan in motion:

- Discuss the food allergy with the child's parents and create a special health care plan. Good communication is essential!
- Ask the allergic child's health care provider to explain the food allergy and provide you with a written plan about what needs to be done in the case of an allergic reaction.
- With parental permission, post action plans for those children with food allergies on the refrigerator and in food preparation areas. Include a photo of the food-allergic child.
- Check ingredients carefully when carrying out cooking projects, making snacks and passing out birthday treats. Learn how to read food ingredient labels.
- If the child's allergy is severe, you may need to keep an Epi Pen Jr. (a device that auto injects medications) on site and know how to use it.
- Train staff members to be prepared for a food allergy emergency.
- Help all children in your care avoid sharing food during meals and snack time.

An excellent resource to assist you in dealing with food allergies in the child care setting is the Food Allergy & Anaphylaxis Network (FAAN). FAAN's mission is to increase public awareness of food allergies and anaphylaxis, to provide education, and to advance research on behalf of all those affected by food allergies. Their Web site at www.foodallergy.org includes food allergy action plan sheets as well as order information for a comprehensive program designed to educate caregivers of children under age 5. ◆

Life affords no greater responsibility, no greater privilege, than the raising of the next generation.

–C. Everett Koop, MD

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Understanding Autism

by C. Melissa Ryan, MSW

All children are more similar than they are different. The same is true for children with autism, a developmental disability that affects a person's ability to communicate, learn and socialize with others. Fortunately, it is now common for children with autism to be included in regular classrooms and child care settings instead of being entirely isolated as they once were. With the proper intervention and support, children with autism grow to be adults who lead independent, productive lives.

INCLUSIVE CHILDCARE SERVICES PROJECT

A developmental pediatrician or another medical/mental health specialist (such as a neurologist, psychologist or psychiatrist) who specializes in children's issues makes the diagnosis of autism. Since there is no test or x-ray available to determine autism, the diagnosis is made based on a careful, detailed history and observation from the parent with support from others who are involved with the child, such as medical personnel and the child care provider.

Though no two children with autism will have exactly the same symptoms, there are some common characteristics. Often, many children with autism have limited communication skills or may not use language at all. It is relatively common for children with autism to initially develop some language skills and then abruptly stop talking. Another common characteristic for children who are autistic is their restricted social skills. Whereas typically developing children react to others and respond to affection, children with autism are sometimes described as being "in their own world" and may even be physically aggressive towards others or themselves. Children with autism also frequently demonstrate repetitive behaviors beyond the expected behavior such as flapping their hands, walking on their toes, or spinning themselves in circles. While it is not clear exactly why children with autism may repeat certain behaviors, it may be a way for them to organize their worlds.

Understanding autism and some of its more common characteristics can help you individualize your care in order to include these special children into your program. Below are a few internet resources with more information on autism. ◆

Source:
Autism, National Institute of Mental Health, NIH Publication No. 97-4023 (1997); www.nimh.nih.gov.

Resources:
The Autism Society of America: www.autism-society.org promotes lifelong access and opportunities for persons within the autism spectrum and their families, to be fully included, participating members of their communities through advocacy, public awareness, education and research related to autism.

The Autism/PDD (Pervasive Developmental Disorder) Resources Network at www.autism-pdd.net can guide you to the key issues associated with autism and related disorders.

Encouraging Children's Brain Growth

by Mary Borjon, Health Consultant, Easter Seals, Lake County, CA

Infants, toddlers and young children need to touch, taste, smell, hear, feel and see a variety of toys, objects, places and people. It is through these very "total body" activities or "sensory experiences" that the brain continues to expand its ability to learn. When we take information in, our brain must then decide how to use it and store it for later use through complex chemical and electrical processes. There are many ways young children can get enough sensory experiences. Here are a few ways that you can share with parents:

Seeing: Offer colorful things to play with such as brightly colored toys. Talk about the colors, sizes and shapes as your child explores them. Describe what you see: "Here comes the big red truck,"or "Look, the yellow butterfly is on the green leaf."

Hearing: Provide objects that crinkle, shake, rattle or ring. Let your child hear music that is not too loud. Sing to your child, or imitate animal, car and train sounds. Use a whisper voice when you play with your child.

Tasting: From early infancy through about 18 months of age, children need to explore with their mouths. Talk to your child about what he is eating, using words like sweet, sour, salty, smooth, lumpy and sticky.

Moving: A clear space on the floor with unsafe items out of reach and interesting objects to play with will help your baby want to move. Trips to the park for climbing, swinging and sliding are

–continued on page 11

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EVENTS

January

12: Southern California Association of the Education of Young Children Conference. Los Angeles. Contact Kathleen Pompey, (562) 907-4937.

18: California Working Families Policy Summit. Sacramento. CA Center for Research on Women and Families, (510) 559-2696; www.ccrwf.org.

21-25: Responding to Child Maltreatment. San Diego. Center for Child Protection, (858) 966-4940; www.chsd.org

February

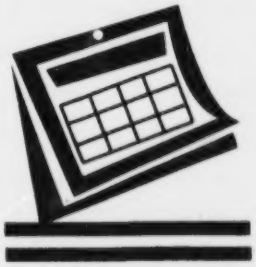
5 - 7: Twelfth Annual Local Planning Council Conference. Sacramento. Child Development Policy Advisory Committee, (916) 653-3725.

12: California Budget Project Conference. Sacramento. CBP, (916) 444-0500; www.cbp.org.

28 - Mar. 2: California Association for the Education of Young Children Conference. Long Beach. CAEYC, (916) 486-7750; www.caeyc.org.

March

13-15: California Child Development Administrative Association Conference. Hollywood. Contact Linda Schwartz, (323) 932-2630.



PRODUCT WATCH

Fall Recalls and Product Alerts

Consumer Product Safety Commission Recalls

Dorel Juvenile Group of Columbus, IN is recalling 102,000 Cosco **"Zip n Go," "Okie Dokie,"** and **"Carters" playpens.** Stop using them immediately, and contact Cosco to receive a refund or replacement product at (800) 314-9327 or www.djgusa.com.

Safety 1st is recalling 1.5 million **Fold-Up Booster Seats** intended for children who can sit unassisted through about 4 years of age. Stop using these seats immediately and contact Safety 1st to receive a free repair kit with instructions: (888) 579-1730 or www.safety1st.com.

Evenflo Company Inc. of Vandalia, Ohio, is recalling about 20,500 wooden baby gates called **Home Décor Swing™**. The plastic mounting hardware that attaches to the wall can crack or break, allowing the wooden gate to unlatch. Stop using these gates immediately, and call (800) 576-0507 or www.singgate.com to receive free replacement hardware.

Little Tikes Company of Hudson, Ohio, is voluntarily recalling about 250,000 **"2-in-1 Snug 'n Secure" swings.** The buckles on the swing can break and the shoulder restraint straps can pull out of the back of the seat, causing young children to fall. Consumers should stop using the swings immediately and contact Little Tikes at www.littletikes.com or call (800) 815-4820 to receive a repair kit.

FCPSC Requires Child-Resistant Packaging for Common Household Products Containing Hydrocarbons, Including Some Baby Oils

The U.S. Consumer Product Safety Commission (CPSC) voted unanimously to require child-resistant packaging for some common household products and cosmetics containing hydrocarbons that can poison children. This safety standard will help prevent injuries and deaths to children under 5 years of age who swallow and aspirate certain oily liquids containing hydrocarbons. When these products enter the lungs, chemical pneumonia can develop and cause death.

Examples of household products and cosmetics covered by the new packaging regulation include some baby oils; sunscreens; nail enamel dryers; hair oils; bath, body and massage oils; makeup removers; some automotive chemicals (gasoline additives, fuel injection cleaners, carburetor cleaners); cleaning solvents (wood oil cleaners, metal cleaners, spot removers, adhesive removers); some water repellents containing mineral spirits used for decks, shoes and sports equipment; general-use household oil; and gun-cleaning solvents containing kerosene.

If these products contain 10 percent or more hydrocarbons by weight and have a low viscosity (i.e., are "watery"), they will have to be in child-resistant packaging. Thicker products are less likely to be aspirated.

"We know that child-resistant packaging saves lives," said CPSC Chairman Ann Brown. "But since the packaging is child-resistant, not child-proof, parents also need to keep baby oil and other potentially poisonous substances locked up out of reach of young children."

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LEGISLATIVE UPDATE

Legislative Update

California's Economic Woes Impact Child Care

by Marsha Sherman, Diana Harlick and Thomas Brennan

A variety of combined factors have sent California's recently booming economy into sharp decline, and the state budget has been hit hard. Governor Gray Davis has put a temporary freeze on more than $2 billion in the 2001-2002 budget, which may impact the entire range of social service programs, including child care. It will be necessary for all of us to pay close attention to legislative and gubernatorial actions if we are to assure that all parents do not suffer severe hardships due to budget cuts. On November 14, 2001, the state's Legislative Analyst projected a shortfall of $4.5 billion in the current fiscal year and warned that the deficit is likely to be more than $12 billion in 2002-03. The state legislature will convene a special session on January 7, 2002 to make final cuts.

If you are concerned that services in your community will be adversely affected by the cuts, make sure your legislators hear your from you. Child care providers, parents and health care providers have first-hand knowledge that is very valuable to the policy-making process. Elected representatives need this knowledge in order to represent you effectively. Write your legislators and include detailed information about how their "high level" policy decisions will play out "where the rubber hits the road:" where you serve California's children on a day-to-day basis. Send copies of your letters to the Governor as well. Letters to the Governor and the Legislature should be addressed to: State Capitol, Sacramento, CA 95814.

The California Association of Nonprofits (CAN) is spearheading efforts to minimize these budget cuts, and will compile letters and any supporting documents to present to the legislature and Governor. If you'd like to get involved, visit their Web site at www.canonprofits.org.

Your action today can impact California social policy for years to come. ◆

TIPS

Food Safety

Safe steps in food handling, cooking and storage are essential to prevent foodborne illness. You can't see, smell or taste harmful bacteria. Follow the four Fight BAC!™ guidelines to keep food safe:

Clean: Wash hands before and after handling food. Keep work surfaces clean. Sanitize with a solution of 1 teaspoon chlorine bleach in 1 quart of water.

Separate: Don't cross-contaminate. When shopping, place raw meat and poultry in a separate plastic bag. After cutting raw meat, wash hands, cutting board, knife and countertops with hot, soapy water. Marinate meat and poultry in a covered dish in the refrigerator.

Cook: Cook to proper temperatures.

Chill: Refrigerate promptly. Discard food left out at room temperature for more than two hours (one hour if the temperature was above 90° F). Use cooked leftovers within four days. ◆

Resources:
FSIS Food Safety Education Staff Meat and Poultry Hotline: (800)535-4555 or visit www.fsis.usda.gov

—Fall Recalls and Product Alerts, continued from page 10

Purses, shopping bags and backpacks may contain these harmful products, so keep them out of reach as well.

CPSC is aware of five fatalities of children under 5 years old from 1993 to date involving aspiration of hydrocarbon products. CPSC data for 1997 through 1999 revealed an estimated 6,400 emergency room visits involving children under 5 years of age who ingested household chemical products that frequently contain hydrocarbons that can pose an aspiration hazard.

The most recent fatality of which CPSC is aware occurred in May of this year after 16-month-old Jaiden Bryson of Bakersfield, Calif., aspirated a baby oil product. Chairman Brown dedicated the new safety standard to Jaiden.

The new poison prevention packaging for affected products containing hydrocarbons must be in use in 12 months. ◆

—Children's Brain Growth, continued from page 9

helpful also. Dance with your child and drag her/him around on a blanket.

Touching: Some things that, with close supervision, are good for your child to touch include play-dough, birdseed, finger paints, bumpy balls, sandpaper, sand, water, round and square shapes, crinkly paper, a metal spoon and a pair of soft socks.

Smelling: Let your baby smell candles, flowers, foods, herbs and lotions. Scratch and sniff books are also fun, but smelling the real thing is the best. ◆

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Resources

Online Resources

Broadening the Context critiques Governor Davis' Administrative Review of child care and points to critical, unconsidered factors such as the child care staffing crisis. Child Care Law Center, San Francisco, (415) 495-5498; online at www.childcarelaw.org/broadening/broadening.htm.

My Child Has a Disability has tips and resources for parents of young children with disabilities. In English, Spanish or Hmong, $5. Parent Advocacy Coalition for Educational Rights, 8161 Normandale Blvd, Minneapolis, MN 55437; (952) 838-9000; www.pacer.org.

Understanding Issues of Abuse and Neglect and Asian American Families describes how linguistic obstacles, cultural differences and issues of neglect, foster care and immigration affect Asian American families. Free. Coalition for Asian American Children and Families, (212) 809-4675; www.cacf.org.

A Dozen Steps Toward Better Baby Care, from the Better Baby Care Campaign, is a checklist to promote community and state investments in safe and healthy child care. Visit their Web site at www.Betterbabycare.org/twelvesteps.html.

Adults and Children Together Against Violence. The American Psychological Association and the National Association for the Education of Young Children have joined to prevent violence by giving parents, child care providers and educators specific violence prevention tools, training and information. www.actagainstviolence.org.

Action Alliance for Children is committed to improving the lives of children and families and believes that providing information is the first step towards this goal. Their Web site includes resources in English and Spanish on infants and toddlers, child development, and school issues. www.4children.org.

Disaster Resources

American Academy of Pediatrics responds to questions about smallpox and anthrax. Their site is updated regularly. www.aap.org/advocacy/releases/smlpoxanthrax.htm.

The Family Readiness Kit, developed by the American Academy of Pediatrics, is for parents to use at home to help prepare for most kinds of disasters. This kit is only available online at www.aap.org/family/frk/frkit.htm. ◆

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CALIFORNIA CHILDCARE HEALTH PROGRAM

Child Care Health Connections

A health and safety newsletter for California child care professionals

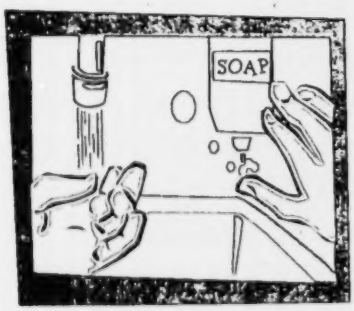
Published by the California Childcare Health Program (CCHP) and University of California, San Francisco School of Nursing (UCSF)

March-April 2002 ◦ Volume 15 ◦ Number 2

Health and Safety Tips

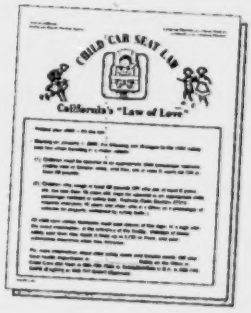
To effectively prevent the spread of communicable disease, the Occupational Safety and Health Administration (OSHA) requires that workers who might come into contact with blood and other bodily fluids practice the following infection control practices at all times with everyone:

1. Hand washing.
2. Use of latex gloves (when in contact with blood).
3. Environmental disinfection.
4. Proper disposal of waste materials.



We've moved our publications office to Oakland—please see page 2 for new contact information regarding the newsletter. A new publications order form is also included in this issue.

New Car Seat Law



by Eva Guralnick

Are the parents in your program aware of the new child safety seat law? On January 1, 2002, the following changes took effect:

- Children must be secured in an appropriate child passenger restraint (a safety seat or booster seat) until they are at least 6 years old OR at least 60 pounds.
- Children who weigh at least 60 pounds OR who are at least 6 years old, but less than 16 years old, must be secured in an appropriate child passenger restraint or safety belt. (Vehicle Code Section 27315 requires everyone 16 years and older who is a driver or a passenger of vehicles be properly restrained safety belts.)

Child care providers also have a new responsibility—you are required to post a copy of the new law at the entrance to your facility. Fortunately, you can easily download a small poster (pictured above) from the Health and Human Services Agency of the State of California from their Web site at www.dss.cahwnet.gov/pdf/PUB269.pdf. This poster fulfills the requirements of the law.

As a child care provider, you are also in a position to help parents transition to this new requirement and to be a good role model yourself. Some parents have a

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Child Care Health Connections©

Child Care Health Connections is a bi-monthly newsletter published by the California Childcare Health Program (CCHP), a community-based organization affiliated with the University of California, San Francisco School of Nursing Department of Family Health Care Nursing. The goals of the newsletter are to promote and support a healthy and safe environment for all children in child care reflecting the state's diversity; to recreate linkages and promote collaboration among health and safety and child care professionals; and to be guided by the most up-to-date knowledge of the best practices and concepts of health, wellness and safety.

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Subscriptions, renewals, inquiries and reprint inquiries: Please contact Maleya Joseph at mjoseph@childcarehealth.org or at (510) 281-7938.

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Information provided in **Child Care Health Connections** is intended to supplement, not replace, medical advice.

Visit us on the Web:
www.childcarehealth.org

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ASK THE NURSE...

How Do Death and Grief Affect Children?

by Tram Trinh, MSN, RN, BS

Q: A child in my care recently experienced a death in the family. I would like more information on how to care for the child emotionally and to give advice to the surviving parent.

A: The death of an important person in a child's life is among the most stressful events that a child can experience. Children often do go through a grieving period when a family member dies. It is important to recognize the general stages of grief: denial and shock, emotional release, panic, guilt, hostility, inability to resume business as usual, depression, reconciliation of grief, and hope.

These stages vary for each person and not every person or child goes through this process exactly the same. Children can react differently from adults when a family member dies. It is essential to recognize the developmental age of the child and to respond accordingly.

Preschool children usually see death as temporary and reversible, a belief reinforced by cartoon characters who "die" and "come to life" again. They are also still within the stage where they see themselves as the center of everything. When there is a death they may feel it is their fault. For example, if they had been better behaved or kissed their grandfather goodnight, maybe he would not have died. They need a great deal of reassurance that the death had nothing to do with them.

Children between five and nine years of age begin to think more like adults about death, yet they still believe it will never happen to them or anyone they know. The table below outlines the developmental stages and responses of children to death.

—continued on page 11

Overview of Children's Understanding of Death

Age Range in Years*	Level of Understanding
0-2	Death is perceived as separation or abandonment. Protest and despair result from disruption in caretaking routine. Child has no cognitive understanding of death.
2-6	Death is reversible and temporary. Death is personified and often seen as punishment. The child thinks that wishes can magically come true.
6-11	There is gradual awareness of death's finality. Has difficulty believing they or someone they know could die. Child is gaining the ability to see cause-and-effect relationships.
Older than 11	Death is irreversible, universal and inevitable. All people and self must die, although latter is far off. Child develops ability to think abstractly and philosophically.

**or developmental level*

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Brain Development and Early Experiences

by Cheryl Oku, Infant/Toddler Specialist
Funded by the Quality Improvement Program, Child Development Division, California Department of Education

A baby's early relationships and experiences are huge influences on the way the brain develops. During the first three years of life, the brain is forming connections that will determine a lifetime of skills and potential learning abilities. Recent research has led to a confusing number of toys, activities, books and curriculum materials being promoted in the name of early learning.

But how you play and care for and talk with your babies and toddlers is just as important as the activities and materials you provide. Here are a few simple things you can do to help a child's brain grow and thrive:

- **Provide warm, responsive care.** Talk to me, hug me, respond to my needs. Smile at me and make me feel important and secure. Sensitive, predictable care is what's most important for my healthy development.
- **Handle with care.** Cuddle me, cradle me, hold me close. Let me know that I am loved. Hugs help me to learn to trust and handle stress now and when I'm grown.
- **Talk.** I learn language from you. Even if I don't understand you yet, my brain is making connections from what I hear you say. So while you're feeding me or changing my diaper, tell me what you're doing and listen to me.
- **Play.** When I explore and interact with the people and things around me, I am discovering the world and my brain is making connections that will make learning easier. From peek-a-boo to playing with pots and pans, all kinds of play boost my brain power.
- **Follow my lead.** Slow down and notice what I enjoy. Be a play partner by exploring with me and expanding on my interests with toys or words.
- **Music.** Sing to me. Play music. Lullabies and simple rhymes can activate pathways in the brain that will help me understand math and enhance my thinking skills.
- **Read to me and tell me stories.** Read me books with lots of pictures. Read me the same books over and over. Read to me often and I will love to read. Tell me stories and my imagination will grow.
- **Teach limits gently.** Limits make me feel safe and secure. They help me develop self-control. Give me guidance and consistent limits, but never shake me.
- **Take care of yourself.** When you are exhausted, preoccupied, irritable or depressed, you will have a hard time meeting my needs. When you feel tired or overwhelmed, take care of yourself. Reach out to family members, neighbors, friends, other child care providers and others who can be helpful.◆

Adapted from an article for Parents and Caregivers, BrainNet, www.brainnet.wa.gov.

—New Car Seat Law, continued from page 1

very difficult time getting their children to sit in their car seats already. You may have noticed children arriving or leaving child care unsafely—not using the appropriate car seat, using a damaged car seat, wearing only adult-sized seat belts, or using no restraints at all.

There are many ways you can help parents make sure their children are safe when riding in the car.

- Provide parents with written information about car safety.
- Research community programs where low-income parents can obtain car seats for free or at reduced cost.
- Offer them suggestions for how to encourage their children to use the seats.
- Explain how parents can determine if a seat is the right model and size for their child.
- Schedule a car seat checkup with child passenger safety experts and invite parents to get their car seats checked.
- Include speakers on child passenger safety at parent meetings.

And of course, when you teach children about car seat safety and model the appropriate use of child safety restraints, you set a great example for parents as well.◆

PUBLIC HEALTH

California Kids: Love Them, Immunize Them

by Lyn Dailey, PHN

April 14-20, 2002 has been proclaimed National Infant Immunization Week and May is Toddler Immunization Month. The theme, "California Kids: Love Them, Immunize Them," emphasizes that on-time infant and toddler immunizations can help keep children safe and healthy. While California has seen an overall increase in the rates of immunization for infants and toddlers from 49 to 71 percent, we still see a disparity between white children (72 percent) and African-American children (58 percent).

Most adults in the United States agree that immunizations are important, but we have significant numbers of children who are not fully immunized, or not immunized on time. A child who falls behind on shots, even by days or weeks, is at increased risk of illness, injury or even death from vaccine-preventable diseases. The new immunization schedule for 2002 has been released, and child care providers are required to ensure that children enrolled in their programs are up-to-date for all required shots.

Wednesday, April 17 is "Child Care Day" for National Infant Immunization Week. Consider taking the following steps to help the United States reach the Healthy People 2010 goal of 90 percent immunization coverage for 2-year-olds:

- Get a copy of the 2002 immunization schedule from your health department, the Internet (see below) or the Healthline (800-333-3212);
- Assess the immunization records of every child in your program to make sure they are up-to-date on shots for their age;
- Send reminders home to parents for children who are soon due for their next shots;
- Invite a representative from your local immunization program to speak to parents about vaccine-preventable diseases;
- Find out if your local health department is holding any Toddler Immunization Month or National Infant Immunization Week activities in which you can partner;
- Honor the parents in your program who have kept their children up-to-date on shots.

Copies of the "California School Law Guide for Child Care Providers" are available at www.dhs.ca.gov/ps/dcdc/izgroup. Copies of the 2002 immunization schedule are available at www.cdc.gov/nip/recs/child-schedule.PDF.◆

National Infant Immunization Week - April 2002

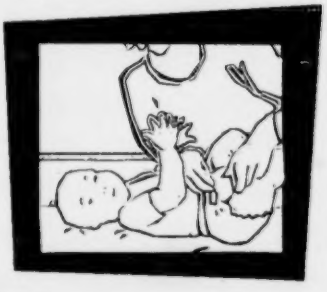
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
14 Faith Community Day	15 WIC Partner Day	16 Coalition Day	17 Preschool and Child Care Day	18 Provider and Clinical Staff Appreciation Day	19 Hospital Day	20 Community Action Day

National Infant Immunization Week - a national, state and local campaign to get babies immunized on time.

HEALTH ISSUE

Important Rules About Diapering

- Construct a diapering surface which is flat, safe and preferably at least three feet above the floor.
- Be sure the surface is clean, waterproof and free of cracks and crevices. Cover it with a disposable cover. Use inexpensive materials such as paper bags, used computer paper (on the "wrong "side), rolls of paper, etc., or buy disposable squares from discount medical supply companies.
- Use the area only for diapering.
- Set up the diapering area as far as possible from any food handling area.
- Provide running water so hands can be washed immediately after a diaper is changed.
- Keep all creams, lotions and cleaning items out of reach of children. Never give a child any of these to play with while being diapered since she/he could be poisoned.
- Use a guardrail or recessed area as an extra safety measure.
- Always keep a hand on the child. NEVER LEAVE THE CHILD, EVEN FOR A SECOND.◆



Source:
Health & Safety in the Child Care Setting: Prevention of Infectious Disease—A Curriculum for the Training of Child Care Providers. Second Edition, California Childcare Health Program (2001).

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Acetaminophen (Tylenol) Safety

by A. Rahman Zamani, MD, MPH

Acetaminophen, sold as Tylenol and other brand names such as Paracetamol, Panadol, Tempra, and Tapanol, is one of the most popular nonprescription drugs used by parents and pediatricians to treat fever and pain in children. In addition to being available individually as an over-the-counter (OTC) preparation, acetaminophen can also be found in combination with many other prescribed products. Due to its increasing popularity, availability and use, acetaminophen is also one of the most common drugs associated with both accidental and intentional poisoning. The American Association of Poison Control Centers received reports of more than 100,000 overdoses involving acetaminophen in 1998.

How does acetaminophen work?

Acetaminophen blocks pain messages to the brain by stopping a chemical called prostaglandin, which causes pain and fever.

What are the dangerous side effects?

Because acetaminophen is generally safe for short-term use, and the risk of developing toxic reactions appears to be lower in children than in adults, this drug is widely used among children. However, its toxicity related to overdose is a matter of concern. Giving acetaminophen over a long period of time or taking higher than recommended doses of this medication could cause liver and kidney damage and bleeding from the stomach or intestines.

Who is at risk?

Children with chronic disease, especially liver problems or chronic undernutrition, are at higher risk for acetaminophen toxicity. Adults who drink alcohol in excess are also at risk and should not take acetaminophen at all.

What causes acetaminophen toxicity in children?

Acetaminophen poisoning is a toxic reaction resulting from the ingestion of large doses of this drug. Toxic reactions in children occur in part because of inappropriate dosing, delay in diagnosis and treatment of overdosage, or failure to recognize children at increased risk for acetaminophen toxicity.

Due to its increasing popularity, availability and use, acetaminophen is one of the most common drugs associated with both accidental and intentional poisoning. Acetaminophen overdose is an emergency situation requiring emergency department care and hospitalization. If the amount of acetaminophen taken is not known, do not wait until symptoms develop to make a decision to seek medical help.

What are the symptoms and signs of acetaminophen overdose?

Acetaminophen overdose typically includes four phases. Symptoms and signs may start with loss of appetite for food, nausea, vomiting and a vague feeling of body discomfort, replaced by abdominal pain, liver enlargement and reduced amount of urine, followed by signs of liver failure.

Please note that a known acetaminophen overdose is an emergency situation requiring emergency department care and hospitalization. If the amount of acetaminophen taken is not known, do not wait until symptoms develop to make a decision to seek medical help.

Tips for the safe use of acetaminophen

- It is important to follow the instructions on the bottle when using acetaminophen for yourself or your children.
- Pay attention to recommended dosage, frequency and formulation such as infant, junior or adult-strength. Avoid giving adult preparations to children.
- Be aware that many OTC cold and cough preparations contain acetaminophen. Avoid giving children more than one product containing acetaminophen.
- Inform pharmacists that your child is taking acetaminophen when getting a new prescription.
- Do not exceed the doses or duration for a child's age included on the product label.
- Avoid using acetaminophen for conditions other than fever or mild to moderate pain.◇

Sources:

American Academy of Pediatrics: Policy Statement and Press Release, October 2001.

University of Arkansas for Medical Science: UAMS Scientists Study Acetaminophen Overdoses, Oct 4, 2001.

CALIFORNIA CHILDCARE HEALTH PROGRAM

Health & Safety Notes
California Childcare Health Program

CHILDCARE HEALTHLINE

Pets in the Child Care Setting

Many child care providers who care for children in their homes have pets, and many centers include pets as part of their educational program. Pets can be excellent companions. They meet the emotional needs of children and adults for love and affection. Caring for pets also gives children an opportunity to learn how to be gentle and responsible for others. Contact with pets can be fun and teach children about life, death and unconditional love. However, child care providers need to know about potential health and safety risks before making the decision to keep pets in child care.

What are the health and safety risks?

Allergies: Many children are allergic to animals and may have symptoms when they are around them. About 25 percent of allergic people are sensitive to dogs or cats, and cats generally cause more allergy problems than dogs. A child who is allergic to dogs or cats may also be sensitive to other common pets such as rabbits, guinea pigs or hamsters.

Injuries: Dog and cat bites are the most reported types of injuries caused by pets. The tearing and puncture wounds they produce can also cause infections.

Infections: Certain animals carry viruses, bacteria and other potential infections that can be passed on to people. Diseases that can be transmitted from animals to people are called zoonotic diseases. Zoonotic diseases can spread through direct contact with infected animals or their stool, insects that bite or live on animals, and infections that live in the environment where the animal lives.

What are some diseases we can catch from animals?

Salmonellosis: This disease is caused by salmonella bacteria and transmitted to humans by eating food contaminated with the feces of an infected pet. Many animals, such as chickens, iguanas, geckos and turtles are carriers of salmonella, but do not appear ill themselves.

Rabies is usually a viral infection of wild animals such as raccoons, skunks, bats and foxes, but can spread to domestic animals and humans by a bite or scratch.

Diarrhea can be caused by Campylobacter and parasites such as giardia, and is associated with infected dogs, cats, birds and farm animals.

Cat-scratch disease causes fever and swollen glands, and is usually transmitted by kittens.

Ringworm is a fungal skin infection which can be spread from dogs, cats, rabbits and guinea pigs.

Toxoplasmosis can affect anyone, but is very dangerous to unborn babies, causing birth defects. Humans catch this illness through contact with cat waste.

Psittacosis, an illness like pneumonia, can be transmitted by infected parrots and other exotic birds.

Who is at higher risk?

Pregnant women, infants, the elderly and people with weak immune systems such as those born with inherited immune deficiencies, AIDS/HIV and those receiving chemotherapy, are at higher risk of catching zoonotic diseases.

Which animals are not appropriate?

Some pets, particularly exotic pets such as iguanas, turtles, snakes, spiders and tropical fish may not be appropriate for the child care setting. Aggressive dogs especially hybrid wolf-dogs that have become increasingly popular in recent years, are potentially dangerous to humans, including their owners. Check with a veterinarian if you are unsure whether a particular pet is appropriate for children, and check with the local health department for regulations and advice regarding pets in child care. Venomous or poisonous animals are not appropriate for young children to handle under any circumstances.

California Childcare Health Program

The California Childcare Health Program (CCHP) is a community-oriented, multidisciplinary team dedicated to enhancing the quality of child care for California's children by initiating and strengthening linkages among the health, safety and child care communities and the families they serve.

Name of Publication	Quantity	Unit Price	Extended Price
Prevention of Infectious Disease Health and safety in the child care setting. A curriculum for teaching methods of disease control in child care, 2nd edition (2001).		$ 25.00	
***Prevention of Injuries* (2001 revision)** An instructor's manual for teaching methods of injury prevention in child care.		15.00	
Health and Safety Notes Two sets of Health and Safety Notes (13-15 topics in each set) covering a wide range of issues in English or Spanish. See other side for specific topics.	I. English ____ Spanish ____ II. English ____ Spanish ____	10.00 per set	
Survival Tips Posters (printed in English and Spanish) A set of ten, color 8-1/2" x 11"pages with illustrations of health precautions on the prevention of communicable diseases (revised 2001). See back for specific topics.	English ____ Spanish ____	10.00 per set	
Child Care Health Connections Newsletter Provides up-to-date information on child care health and safety issues (6 issues per year).		20.00 annually	

To order, mail this form and your check (payable to UC Regents) to:
California Childcare Health Program
1322 Webster Street #402, Oakland, CA 94612-3218.

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- __ Other

03/01/02 For additional information, call 510-281-7938, email mjoseph@childcarehealth.org or visit our web site at www.childcarehealth.org.

HEALTH and SAFETY NOTES: Topics

SET I

English	Spanish
★ Anemia, Lead Poisoning and Child Care	★ Anemia, Evenenamiento con Plomo y el Cuidado Infantil
★ Biting in the Child Care Setting	★ Los Mordiscos en el Programa de Cuidado Infantil
★ Child Abuse Prevention	★ La Prevención del Abuso Infantil
★ Excluding Children Due to Illness	★ Exclusión e Inclusión del Niño y Excusa por Enfermedad
★ General Recommendations for Cleaning, Sanitizing and Disinfecting in the Child Care Setting	★ Recomendaciones Generales para Limpiar, Sanitizar y Desinfectar el Local de Cuidado Infantil
★ Healthy Snacks for Toddlers and Preschoolers	★ Bocadillos Saludables para Niños Pequeños y de Edad Pre-escolar
★ Is It Safe to Play Outdoors in Winter?	★ ¿Es Seguro Jugar Afuera Durante el Invierno?
★ Exposure to Communicable Disease	★ La Esposición a Enfermedades Contagiosas
★ Pets in the Child Care Setting	★ Las Mascotas en Locales de Cuidado Infantil
★ Sleepwetting in the Child Care Setting	★ Niños que Se Orinan Dormidos en los Locales de Cuidado Infantil
★ The Hygiene/Health Connection	★ La Conexión entre la Higiene y la Salud
★ Types of Vegetarian Diets	★ Tipos de Dietas Vegetarianas
★ Young Children and Disasters	★ Los Niños Pequeños y los Desastres Naturales

SET II

English	Spanish
★ Asthma in the Child Care Setting	★ El Asma en los Establecimientos de Cuidado Infantil
★ Croup in the Child Care Setting	★ El Crup en el Establecimiento de Cuidado Infantil
★ Cytomegalovirus (CMV) in the Child Care Setting	★ Cytomegalovirus (CMV) en el Establecimiento de Cuidado Infantil
★ Diabetes in the Child Care Setting	★ La Diabetes en el Establecimiento de Cuidado Infantil
★ Ear Infections (Otitis Media) and Hearing Loss in Young Children	★ Las Infecciones del Oido (Otitis Media) y la Perdida de la Audición en los Niños Pequeños
★ Fifth Disease or "Slapped Cheek" in the Child Care Setting	★ La Quinta Enfermedad o "Mejía Abofeteada" en el Establecimiento de Cuidado Infantil
★ Hand-Foot-and-Mouth Disease in the Child Care Setting	★ La Enfermedad de Mano-Pie-Y-Boca (Coxsackie A) en el Establecimiento de Cuidado Infantil
★ Head Lice: A Common Problem	★ Los Piojos: Une Problema Común
★ How to Get a Child Tested: Guidelines for Special Education Assessment	★ Cómo Hacer que un Niño Sea Examinado: Pautas para un Asesoramiento de Educación Especial
★ Including Children with Special Needs: Tips for Child Care Providers	★ Incluyendo a Niños con Necesidades Especiales: Consejos para Proveedores de Cuidado Infantil
★ Latex Allergy and Sensitivity in the Child Care Setting	★ Alergia y Sensibilidad al Latex en los Locales de Cuidado Infantil
★ Respiratory Syncytial Virus (RSV) in the Child Care Setting	★ El Virus Syncytial (RSV) del Sistema Respiratorio en el Establecimiento de Cuidado Infantil
★ Runny Nose in the Child Care Setting (The Snuffly Child or Green Gooky Nose)	★ La Nariz Mocosa en al Establecimiento de Cuidado Infantil (El niño mocoso)
★ Understanding and Caring for the Child with AD/HD	★ Comprendiendo y Cuidando a un Niño con Deficiencia de Atención y Trastorno de Hiperactividad
★ Universal Precautions in the Child Care Setting	★ Precauciones Universales en el Establecimiento de Cuidado Infantil

SURVIVAL TIPS POSTERS

English	Spanish
★ Prevention of Communicable Diseases	★ Prevención de la Propagación de Enfermedades Contagiosas
★ Wash Your Hands Properly	★ Lavarse las Manos Debidamente
★ Disinfecting Solution	★ Solución Desinfectante
★ Cleaning and Disinfecting	★ Limpiando y Desinfectando
★ Important Rules About Diapering	★ Reglas Importantes Sobre el Cambio de Pañales
★ Diapering Procedures with Diagrams (2 pages)	★ Procedimientos para Cambiar Pañales (2 páginas)
★ Morning Health Check	★ Revisión de Salud por las Mañanas
★ Head Lice: A Common Problem	★ Los Piojos: Une Problema Común
★ Gloving	★ Usando Guantes

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Index of Year 2001 Articles

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What can you do to protect the health and safety of children?

To minimize the health and safety risks associated with pets, child care providers can take the following steps:

Reduce the risk of allergy problems

- If your child care setting has a pet, tell parents before they enroll a child, in case allergies may require the parents to make other child care arrangements.
- Do not bring animals into rooms used by children whose asthma is triggered by animals.
- To control allergy risks, confine the pets to a limited area that you can clean easily. Keeping the animal clean and brushed helps, too.

Protect children from injury and bites

Children commonly treat animals as if they were humans. They may hug or hit them or expect them to behave like another child and cause an aggressive response. These expectations increase when they observe that adults give animals human-sounding names, treat animals like people and tell stories about animals that act like humans. To prevent injuries:

- Before bringing and introducing any animal, learn about the usual behavior of that type of animal and get to know the individual pet. Since children's behavior can threaten an animal, be sure you know how the animal behaves when frightened.
- Make sure that children are introduced to pets in a quiet, controlled setting.
- Teach children how to behave around pets. They need to learn not to feed or provoke the pet, and that removing the pet's food or disturbing a sleeping pet upsets them. Always keep their faces and fingers away from a pet's mouth, beak or claws.
- All pets, whether kept indoors or outside, must be in good health, show no evidence of disease, and be friendly toward children.
- Child care providers must be present when children play with animals. Be ready to remove a child immediately if an animal shows signs of distress or the child treats the animal inappropriately.
- Keep pet food and dishes out of children's reach.
- Do not let children pet an animal that is in a cage, pen or tied up. Children should not put their fingers through openings in a cage.
- Do not let children interact with a mother animal or her babies while she is with them.

Prevent infections

- Children and providers should wash their hands after contact with any animal, its belongings or cage.
- Dogs or cats should be appropriately immunized (check with the veterinarian) and be kept on flea, tick and worm control programs. Proof of immunizations should be kept in a safe place.
- Keep your pets clean. Dogs and cats use their tongues to clean themselves, so try to discourage pets from licking the children and vice versa.
- Keep pet living quarters clean; dispose of pet waste immediately. Litter boxes should never, ever be accessible to children. Keep children away from areas where animals urinate.
- Keep sandboxes covered when not in use to prevent pets from using them as litter boxes.
- Pregnant providers should avoid contact with cat feces; someone else should dispose of cat litter daily.
- Teach children to avoid wild animals when taking hikes, walks or field trips.

What should you do if an animal bites a child in your care?

- Remove the animal to a secure setting away from children.
- Notify parents at once.
- Get medical help immediately if the wound is large, deep or bleeding heavily.
- Use disposable gloves and wash the wound thoroughly with soap and water.
- Control bleeding, elevate the body part that was bitten, and apply a clean bandage.

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Prevention of Infectious Disease, California Childcare Health Program, 2001.

Early Childhood Health Link, American Academy of Pediatrics.

Pets and Kids, Susan S. Aronson, MD.

The ABCs of Safe and Healthy Child Care, The Centers for Disease Control and Prevention (CDC).

By A. Rahman Zamani, MPH (September 19, 2001)

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NUTRITION

Toddler Diarrhea and the Juice Connection

by Susan Jensen, RN, MSN, PNP

In May 2001, the American Academy of Pediatrics released a policy statement titled *The Use and Misuse of Fruit Juice in Pediatrics*, which informs consumers of a few issues related to the *excessive* intake of juices. This does not mean that fruit juice is bad. Juice is a healthy, natural source of vitamins. The issue highlighted here is chronic diarrhea in the healthy child.

Juice is primarily water and carbohydrates in the form of sucrose, fructose, glucose and sorbitol. It contains no cholesterol or fat, but there are small amounts of protein, minerals and fluoride; the pulp provides fiber. Vitamin C occurs naturally in citrus juices. Calcium and vitamin C may be added to juices by the manufacturer.

What is "toddler diarrhea" and what causes it?

"Toddler diarrhea" is the most frequent cause of chronic diarrhea in healthy children aged 1 to 5 living in developed countries. It is caused by the inability of the gut to absorb excess carbohydrates (especially sorbitol) and can result in chronic diarrhea in an otherwise healthy, growing child. Onset of this condition may start following an intestinal infection with diarrhea, especially if a child is drinking apple juice. The child will absorb nutrients and continue to grow normally. The stools are watery, foul-smelling, and contain mucus with undigested vegetable material (e.g. corn). They occur two to five times a day shortly after eating and cause great concern in child care providers and parents. Resolution is simple and quick (no more than one to two weeks).

How to help it go away

The recommendations from the experts include:

1. Limit the intake of fruit juice to 4 to 6 ounces a day in children 1 to 6 years old and dilute with water. Encourage consumption of whole fruits.
2. Avoid low-fat foods. Fat intake should be 35 to 40 percent of total calorie intake.
3. Increase fiber in the diet.
4. Start giving juice to infants only when they are able to use a cup. Avoid giving juice in the bottle.

It is normal for the child to experience some flatulence, bloating and occasional cramping with toddler diarrhea. Always ask the parent to consult with their health care provider if there are any questions or concerns, especially vomiting, fever, weight loss or any other signs of illness.◆

Sources:

The Use and Misuse of Fruit Juice in Pediatrics. Policy Statement-AAP Committee on Nutrition: 2001;Vol. 107, Number 5, pp 1210-1213 (May). www.aap.org/policy/re0047.html.

Toddler Diarrhea: More a Nutritional Disorder Than a Disease. J. Hans Hoekstra: Arch Dis Child, 1998;79:2-5 (July). Netherlands.

DIVERSITY

Racial Labeling Perspectives

by Shaquam K. Edwards

Over the past few years, you may have noticed an increase in the number of multiracial children. The Census 2000 data supports your observations, and for the first time, gave multiracial people the option to identify as such. As a child care professional, it may be necessary to increase your knowledge about various perspectives on racial labeling and identification.

DIVERSITY RESEARCH & TRAINING PROJECT

Historically, American society has encouraged multiracial people to "choose" one racial identity. There are many families of multiracial children who support this, and an increasing number of parents who don't. Parents may not agree about how to identify their children in terms of race. For example, one parent decides that the child must be identified by the race that has experienced the most racism as a means of "protecting" the child. The other parent chooses the race that has experienced the least amount of prejudice, with the same good intentions. One grandparent suggests the race with the culture viewed as the "richest," while the other says the child's race should be determined by physical characteristics. Still other families will take the inclusive approach, suggesting that the child be identified as multiracial. It is possible for all of these views to exist within the same family.

As a child care professional, you have an important role in all of this—to listen. Listen not only to the adults, but listen to the children. Children can be very confused by the contradictory labels, and can benefit from an attentive person who does not take sides. Listen to all perspectives, recognize your own biases, and remember that ultimately your job is to respect the parents and advocate for the child.◆

INCLUSION INSIGHTS

Understanding Mental Retardation

by C. Melissa Ryan, MSW

What is mental retardation?

Mental retardation is a developmental disability, not a medical or mental condition. The American Association on Mental Retardation (AAMR) defines mental retardation as a particular state of functioning that begins in childhood and is characterized by limitation in both intelligence and adaptive skills (such as self care and social skills).

INCLUSIVE CHILDCARE SERVICES PROJECT

What causes mental retardation?

Mental retardation can be caused by any impairment to the brain before birth, during birth, or in the childhood years. It is not always known what causes mental retardation, but the three major known causes of mental retardation are Down syndrome, fetal alcohol syndrome and fragile X. (Source: The Arc)

How should children who are mentally retarded be included in a child care program with typically developing children?

Children who have developmental disabilities (including mental retardation) are more like other children than they are different and will enjoy many of the same activities and rituals as the other children in your program. However, because of their learning styles, there are some accommodations providers can make to assist children with mental retardation, such as individualizing their programs and using developmentally appropriate approaches and materials. Teaching in small, tangible steps can facilitate learning for children who are mentally retarded.

What should you do if you are concerned that a child in your program has a developmental disability (including mental retardation?)

Any concerns you have about a child's development should be based on careful observation and shared with the parent. If the child is under three years of age, the parent can be referred to California's Early Start program (800-313-BABY), which provides early intervention services to children with disabilities and delays. If the child is over three, the referral should be made to the local school district to see if the child will qualify for special education services.◇

Resources:

The American Association on Mental Retardation (AAMR) is an international, multidisciplinary association of professionals. The Association has had responsibility for defining mental retardation since 1921; www.aamr.org.

The Arc of the United States works through education, research and advocacy to improve the quality of life for children and adults with mental retardation and related developmental disabilities and their families and works to prevent both the causes and the effects of mental retardation; www.thearc.org.

HEALTH CONSULTANTS

Consultant Training Resumes

The Child Care Health Linkages Project (CCHLP) is currently preparing to resume the training of Child Care Health Consultants. Each round of training consists of three training modules, and planning is underway to offer all three modules to health consultants by June 2002.

CHILDCARE HEALTH LINKAGES

The third module of the training was completed in February for Health Consultants who had already attended Modules I or II. A second round of training will be offered to Health Consultants. Dates for the second round are:

Module I:	April 22-24, 2002
Module II:	May 13-15, 2002
Module III:	June 3-5, 2002

For Child Care Health Consultants not funded by the Child Care Health Linkages Project, the total cost for all three modules is $350 for materials and facilities. Travel and hotel costs would also be at participant's expense.

Formal training for Family Health Coordinators (FHCs) will not be offered by the CCHLP during the 2001-2002 contract year, which ends June 30, 2002. However, we will be working with the Child Care Health Consultants to provide support and technical assistance to FHCs at the county level. The CCHLP can also provide resources, materials and technical assistance directly to FHCs. Judith Kunitz, Technical Assistant at CCHP, is available to answer questions about FHC services and to help in any way she can. Contact her at (510) 281-7929.◇

EVENTS

March

Mental Retardation Awareness Month (see Inclusion Insights on page 9 of this issue, or visit www.mentalhealth.org)

13-15: California Child Development Administrative Association Conference. Hollywood. Contact Linda Schwartz, (323) 932-2630.

April

7 - 13 Week of the Young Child. NAEYC (800) 424-2460; or go to www.naeyc.org/woyc/default.asp offers a guide with suggested community-focused activities, links to related events of other organizations, and key facts and resources about young children and their families.

11-13 California School-Age Consortium Conference. Universal City. CalSAC (415) 957-9775; www.calsac.org

14 - 20: National Infant Immunization Week (NIIW), and Wednesday, April 17 is Child Care Day. Visit the CDC's National Immunization Program site at www.cdc.gov/nip/default.htm.

17: CAEYC 25th Annual Public Policy Symposium. Sacramento. CAEYC, (916) 486-7750; for information, visit www.caeyc.org.

22 - 28: TV Turnoff Week: Read a book, take a hike, be creative with all that new-found time! Visit www.tvturnoff.org/week.htm for more information.

30: El día de los niños. Contact the National Latino Children's Institute, (210) 228-9997; www.nlci.org. This traditional Latin American holiday has been observed nationally since April 30, 1998.

PRODUCT WATCH

Fall Recalls and Product Alerts

Below is a summary of items recalled voluntarily and preventively in the latter part of 2001. As always, take the recalled item out of circulation and contact the appropriate company to find out about replacements, parts, refunds or other instructions.

Recalled Item/Date Recalled	Company	Contact Information
Curious George toys 12/6/01	BRIO(r) Corp., Germantown, WI	(888) 274-6869 toll-free www.briotoy.com
"Bunny My Honey" children's board books 11/6/01	Candlewick Press Cambridge, MA	(800) 883-0009
"Blast Balls" toys 11/15/01	JA-RU Inc. Jacksonville, FL	(800) 231- 3470
Sassy Rattles 10/31/01	Sassy Inc. Northbrook, IL	(800) 781-1080
"Wiggly Giggler"™ rattles 11/28/01	HandsOnToys, Inc. Wilmington, MA	(888) 442-6376
Zapper toys 11/28/01	Manley Toy Direct Indianola, IO	(800) 767-9998 www.manleytoy.com
Baby Cool and Kid Cool girls' jackets and vests 12/12/01	Kid Cool LLC New York, N.Y	(800) 315-2376 Ext. 183 www.sears.com
Baby Buzz'r toys 12/12/01	Baby Buzz'r Int'l. Sandy, UT	(866) 222-9289 toll-free www.babybuzzr.com
Pop Links toys 12/12/01	Kids II Inc., Alpharetta, GA	(877) 325-7056 toll-free www.kidsii.com
"Molly" and "Betsy" style wooden cribs 12/18/01	LaJobi Industries Inc. Edison, NJ	(888) 266-2848 www.bonavita-cribs.com

At the request of the California Childcare Health Program, Health Research Systems (HRS) of Washington D.C. has conducted a focus group study on the issue of increasing numbers of children with challenging behaviors in child care. HRS's comprehensive report to CCHP is now available. For a summary, see our Web site at www.childcarehealth.org or request the full version by calling our office at (510) 839-1195.

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LEGISLATIVE UPDATE

State Budget Promises Lively Debate

by Marsha Sherman and Thomas Brennan

From January 2001 to January 2002, California's $8 billion budget surplus turned into a $12.4 billion deficit as a result of several factors. On January 10, 2002 Governor Gray Davis issued the 2002 budget (www.governor.ca.gov), which then must be approved by the state legislature. As we go to press, analysts are still formulating responses to the proposed budget, which is unusually lengthy and complex. The governor's strategies for balancing the budget include restructuring subsidized child care and other public service programs, and reforming programs across the board to cut costs.

On the positive side, the budget includes $3.2 billion for child care, a $150 million increase over 2001, and anticipates serving more children at less money per child for care. At the same time, the budget delays implementation of a program to provide health insurance to low-income families, proposes that families pay a greater part of costs for certain health and child care services, and calls for dramatic cuts to the current Children's Health and Disability Prevention (CHDP) Program.

The budget promises to spark controversy as well as create opportunities for anyone interested in getting involved in the policy process. For more information on how to get involved, visit www.childcarehealth.org/webpages/campaigns.htm. A good resource for keeping up with policy in Sacramento and Washington is *On The Capitol Doorstep*, a monthly newsletter for the child care community. Visit www.otcdkids.com or call (916) 442-5431.

National Funding

On the national scene we have opportunities to increase funds for quality child care via the Act to Leave No Child Behind, sponsored by the Children's Defense Fund (www.childrensdefense.org), and other current legislation. We will all need to stay informed and let our national congress members know what we think. For information on national policy issues, visit the National Association for the Education of Young Children's site at www.naeyc.org.

Low-Cost Auto Insurance

Your clients may be interested in the California Low-Cost Automobile Insurance Program, created by legislation sponsored by state Senators Martha Escutia and Jackie Speier (both long-standing advocates of quality child care). Administered by the state Department of Insurance, the program will be piloted in Los Angeles and San Francisco counties. For more information, call (800) 622-0954 or visit www.insurance.ca.gov/docs/FS-LowCostAuto.htm.◆

Babies are always more trouble than you thought—and more wonderful.

—Charles Osgood, CBS Morning News

ASK THE NURSE

—continued from page 2

A child's shock and confusion at the death of a family member may be compounded by the unavailability of grieving family members.

Some children have difficulty coping with their grief, so watch for the following signs of potential serious problems:

- Inability to sleep, loss of appetite, prolonged fear of being alone.
- Acting inappropriately for their developmental stage for an extended period.
- Intentionally injuring themselves or others.
- Displays of intense anger and frustration.
- Changes in their characteristic behavior for an extended period of time.
- Extended depression, where the child loses interest in daily activities.
- Excessively imitating the dead person.
- Repeated requests of wanting to join the dead person.
- Withdrawal from friends and family members.
- Sharp drop in school performance.

These signs indicate the child needs adult involvement. While the family deals with their own grief, they may not see their child's needs. Help them reach out and give their child reassurance. You can also give that child extra attention, reassurance and affection. Create a safe place for him/her to talk and play out feelings. Be sure to keep the parent or other caregiver informed. If the behaviors persist for more than a few weeks, professional help for the child and family is advised.◆

References:

The Pediatrician and Childhood Bereavement, Pediatrics, Vol. 105, N. 2, Feb. 2000, p. 445-447.

Children and Grief, AACP Facts for Families #8, American Academy of Child and Adolescent Psychiatry; www.aacap.org/publications/factsfam/grief.htm

Resources

Caring for Our Children, National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care Programs, 2nd Edition 2002 is now available. It is recognized as a leading and reliable tool for health and safety guidelines for child care in centers and family homes. This nine-chapter volume has been updated to include standards based on new knowledge about topics such as infant sleep position, infectious diseases, chronic illness and nutrition requirements. Order from the American Academy of Pediatrics by calling (888) 227-1770, or visit their Web site at www.aap.org. Use Order #XMAO191. Look for the Web version on http://nrc.uchsc.edu.

Baby & Child CPR, available in English and Spanish, is a CPR and Choking Relief video based on American Heart Association guidelines, and designed specifically for parents and other non-professionals. Available at www.BabyCPR.com or by phone at (800) BABYCPR. Cost: $14.95.

Child Care Self-Assessment Guides are available online at http://ccld.ca.gov/docs/childcare/sags/childcaresags.htm and include information for family child care providers, infant, toddler, school-age and child care centers. Some information is available in Spanish, Chinese, Farsi, Hmong, Korean, Russian and Vietnamese.

2001 State-by-State Report Card on Health Care Laws and Domestic Violence, from the Family Violence Prevention Fund, grades states based on how well health care laws ensure that providers screen for and intervene in domestic violence situations. www.endabuse.org/statereport/list.php3.

Caring for Infants and Toddlers: Issues and Ideas discusses the need for quality infant/toddler care and promising models that support parents. Free. (650) 917-7110; online at www.futureofchildren.org.

Children's Dental Health: Addressing the Silent Epidemic includes an overview of oral health policy issues and challenges as well as profiles of innovative state programs. (202) 371-9090; www.astho.org.

Asthma in Children, from the National Center for Education in Maternal and Child Health, compiles resources on childhood asthma, including Web sites, publications, and discussion groups. www.ncemch.org/RefDes/Asthma.html.

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CALIFORNIA CHILDCARE HEALTH PROGRAM

Child Care Health Connections

A health and safety newsletter for California child care professionals

Published by the California Childcare Health Program (CCHP) and University of California, San Francisco School of Nursing (UCSF)

May-June 2002 • Volume 15 • Number 3

Health and Safety Tips

To prevent Shaken Baby Syndrome, never shake a baby—not in anger, play or for any reason.

If a young child in your care cries a lot, try the following:

- Feed the baby slowly and burp the baby often.
- Offer the baby a pacifier, if supplied by parents.
- Hold the baby gently against your chest and walk or rock him/her.
- Take the baby for a ride in a stroller or car.
- Be patient. If you find you cannot calmly care for the baby or have trouble controlling your anger, take a break. Ask someone else to take care of the baby or put him or her in a safe place to cry it out.

No matter how impatient or angry you feel, never shake a baby.

Source: Health and Safety in the Child Care Setting: Prevention of Injuries (CCHP).

Need a free telephone consultation on health and safety in child care? Call the Healthline at (800) 333-3212

New Study Highlights Benefits of Child Care Health Consultants

by Abbey Alkon, PhD, RN

Despite our best efforts, young children in child care have higher rates of illness than children who stay at home. Many of us in the child care field are working to improve that. In particular, health consultants are working with child care staff to lower illness rates in child care by improving screening for ill children, compliance with health standards, and care for children with special health care needs.

A recent study indicates that child care health consultants can have a positive impact on the health knowledge and compliance of child care staff members. Child care health consultants are health professionals who work with child care facilities to help create a healthy environment for the children, families and staff. Health consultants' activities can include:

- helping child care staff identify children's and staff's health needs;
- reviewing health policies and forms;
- assessing facilities for health and safety risks;
- observing health practices (such as hand washing);
- reviewing child health records;
- helping plan care for children with special health care needs;
- identifying other health resources in the community; and
- providing health workshops for child care staff and parents (such as tips for staying healthy, or information about common childhood illnesses).

—continued on page 11

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Child Care Health Connections©

Child Care Health Connections is a bi-monthly newsletter published by the California Childcare Health Program (CCHP), a community-based organization affiliated with the University of California, San Francisco School of Nursing Department of Family Health Care Nursing. The goals of the newsletter are to promote and support a healthy and safe environment for all children in child care reflecting the state's diversity; to recreate linkages and promote collaboration among health and safety and child care professionals; and to be guided by the most up-to-date knowledge of the best practices and concepts of health, wellness and safety.

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Information provided in **Child Care Health Connections** is intended to supplement, not replace, medical advice.

Visit us on the Web:
www.childcarehealth.org

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ASK THE NURSE...

Temperament and Regularity

by Susan Jensen, RN, MSN, PNP

Q: Some of the children in my program are so predictable in their schedules that even a slight change (like daylight savings time) seems to throw them off. Others are so unpredictable that every day can be a challenge!

A: It can certainly be difficult to manage children with widely different temperaments. *Regularity* is one of the traits which define temperament. Children who are *regular* and predictable in their daily routines like to eat, sleep, and have bowel movements (BMs) at about the same time almost every day. If children are extremely regular, then you can practically set your watch by when they do things every day.

If a child is *irregular*, then it is hard to predict when he or she will want to eat, nap or have a BM. The child's biological schedule may be different every day. Maintaining a consistent routine between child care and home (even on the weekends) may help this child to regulate, but do not expect that the child will be as predictable as the more regular child.

Working with a particular child's temperament

Regular and irregular temperaments each bring their own challenges, especially if an irregular child is matched with a child care provider or parent who is regular, or vice versa. It can be frustrating for a regular child care provider or parent to try and predict the needs of an irregular child around such routines as mealtime, naps and elimination.

It's easy to plan outings, snack times, and diapering needs for regular children because their habits are predictable. However, very regular children can be dramatically thrown off their schedules for a short period of time by changes such as daylight savings time. They may feel a little disoriented, almost as if they have jet lag.

While irregular children are more difficult to predict, they are also less likely to be upset by changes in routine. Irregular children are more likely to adapt to variable routines without much of a problem. However, if a child is consistently refusing to eat at lunchtime, sleeps without a pattern of consistency, and has three BMs today and none tomorrow, this child may have a *very irregular* temperament. Ask the parent about the child's routines at home and if there are ways that consistency can be promoted in the child care setting. Parents may not be aware that their child's body can't be as routine-oriented as the other children, and they may see the irregularity of the child's response as deliberate or manipulative.

Working with parents

You may hear from parents whose children respond regularly at child care due to the consistency of the child care environment, but are irregular at home. This is a great opportunity to share your knowledge of temperament with them so that you can work together to meet this child's needs. Be sensitive when sharing information with parents who are frustrated by their child's irregularity, as it may seem to reflect on their parenting abilities. ◆

For more information please call the Healthline at (800) 333-3212.

INFANT/TODDLER CARE

Nurturing Babies and Toddlers in These Stressful Times

by Cheryl Oku, Infant/Toddler Specialist
Funding from the Quality Improvement Program, Calif. Dept. of Education, Child Development Division

As I write this article, it is six months since the events of September 11th in New York, Pennsylvania and Washington, D.C. which touched our lives and the young children and families we serve. There have been so many articles and messages to help parents and caregivers respond to the emotional needs of young children. These remind me of the many ways children experience stress in their day-to-day lives.

For babies and toddlers, losing a primary caregiver—when entering or changing child care, changing primary caregivers or experiencing a parent's illness or separation—is traumatic and stressful. It can be a challenge to connect with children who are experiencing this kind of stress, and to provide the security and protection they need to help them adjust to the changes. However, there are a number of things parents and caregiving adults can do:

- Be predictable and available. "Be there" for the child while trying not to be intrusive, overprotecting, overstimulating or distracting. Spend extra time just being close.
- Create routines and rituals to help him understand daily activities and what is going on in his life.
- Be empathetic and sensitive to the changes she has experienced. Try to see things from her point of view.
- Be emotionally available. Share your feelings and reassure the child that it is okay to feel sad.
- Pair words with actions by explaining in simple words what is happening. Say "I love you" when giving a hug.
- Reach out to a child who is quiet or withdrawn. If you want her to feel closer, act as if she reached out to you and expects you to respond warmly.
- Watch and follow the child's lead. This gives him a sense of control balanced with your sensitive response.
- Don't take the child's behavior personally. A child may push you away, avoid eye contact, or even kick or scream to express being upset and powerless.
- Expect and prepare for whiny or clingy behavior and tantrums. You can provide the calmness, nurturing and protection needed by an "out of control" child. ◇

Resources:

Infants, Toddlers and Terror: Supporting Parents, Helping Children. Zero to Three, December 2001/January 2002, Volume 22, No. 5.

Little Listeners in an Uncertain World: Coping Strategies for You and Your Child after September 11, Zero to Three, 2002.

RESOURCES

California Voices 4 Children

Action Alliance for Children has announced the launch of California Voices 4 Children—an online community to connect and inform children's advocates, service providers and parents about issues affecting children and families in California.

At the California Voices 4 Children Web site at www.4children.org you can:

Join online discussion boards to:

- Ask a question or share what's worked for you around advocacy, funding, model programs and hands-on work with children.
- Discuss the latest controversial issues and state policies with other advocates and providers.
- Announce your organization's policy agenda, advocacy campaigns, events and reports.
- Get a free Children's Advocate subscription if you are one of the first 50 people to register and post.

Sign up for Email News Bulletins:

- Stay informed about new advocacy campaigns, events and reports on issues affecting California's children.
- Browse the master calendar
- Check out listings of conferences, reports, Web resources, and trainings for advocates and providers.

Now is a great time to post announcements, ask questions and add your comments to online discussion boards. Then when others visit California Voices 4 Children, they can find out about your work and be able to respond to you! ◇

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PUBLIC HEALTH

A Picture Is Worth a Thousand Words

by Lyn Dailey, PHN

Early childhood educators and public health professionals know how important images can be when creating educational materials. A good photo or graphic can illustrate concepts in ways that words cannot—but the wrong picture can destroy your message. Many of us have experienced reading a great article on outdoor play for young children and then noticing the graphic of a child riding a bike without a helmet, or submitting a newsletter article on infant sleeping only to have the editor use a picture of a baby in an unsafe crib or asleep on their stomach. These images contradict the very health and safety messages we are trying to get across.

Health Canada is a federal department responsible for helping the people of Canada maintain and improve their health. They have produced a collection of photographs and images that portray healthy lifestyles by incorporating the safe usage of equipment and physical environments, appropriate skill level and supervision. They are available online (see sample at left) and may be used free of charge. In addition to images, there are checklists that help individuals who are producing visual materials to safeguard against inappropriate graphics. Checklists are available for transportation, home and play. Items from the *Children and Youth at Play* checklist include:

- Show active adult supervision of children at all times.
- Show products being used according to manufacturers' instructions.
- Show children and youth wearing appropriate, approved and complete gear for all recreational and sport activities.
- Do not show children or youth close to open flames, stoves, barbecues, fireplaces, etc.
- Do not show children or youth playing near parked cars or traffic.
- Show a floating safety line between deep and shallow areas in water-play images.
- Show children and youth using playground equipment as it was intended to be used.

These checklists and fact sheets are an excellent resource for health educators, newsletter editors, teachers and anyone who develops materials depicting children and youth. *Healthy Images Clip Art* can be found at www.hc-sc.gc.ca/hppb/childhood-youth/cyfh/safe_and_supportive/healthy_images. ◆

Children have more need of models than of critics.

—Carolyn Coats

HEALTH ISSUE

National Safe Kids Week

by Tram Trinh, BS, RN, MSN

National SAFE KIDS week, which starts May 11, is dedicated to the prevention of unintentional childhood injury—the number one killer of children ages 14 and under. The goal of SAFE KIDS Week is to increase awareness of the heightened risks to children in the summer.

Public health and medical professionals have long assumed that childhood unintentional injuries follow a seasonal pattern, with more injuries happening in the summer when children spend more time outdoors and unsupervised. SAFE KIDS tested this by studying national data on 40,240 children ages 14 and under between 1991 and 1996. The study confirmed that nearly half of all unintentional injury-related deaths occurred during the summer months of May through August. The study found:

- The deadliest month was July, when 12 percent of deaths occurred. Drowning occurred most frequently during July, probably due to the increased number of children out of school and warm, long days. Motor vehicle-related injuries also peaked in July, as more families travel by car and more children are out of school.
- Children ages 5 to 9 were at high risk for injury. They lack the judgment needed to play safely without adult supervision and often are not properly restrained in booster seats.
- Deaths of older children (10 to 14) increase the most; 45 percent occur in the summer. These children engage in more risky behavior and receive less supervision.

With increased awareness, providers and parents can work together to decrease accidents this summer.

Resource: *www.safekids.org.*

Good Sleep Is Key to Your Physical and Mental Well-Being

by A. Rahman Zamani, MD, MPH

While we know the importance of good diet, regular exercise and healthy lifestyles for our physical health, most of us don't realize the importance of sleep for maintaining good health and mental and emotional well-being.

What is the impact of sleep problems?

Sleep deprivation doesn't just make us sleepy and tired the next morning. It has measurable negative effects on our work performance and physical and mental health. Sleep problems can cause reduced energy, weight gain, greater difficulty concentrating, and increased stress, depression, illness, mistakes and accidents, including fall-asleep crashes. Relationships may also suffer.

How much sleep is enough?

The amount of sleep needed each night varies among people. Each person needs from 5 to 10 hours of sleep in order to be fully alert during the day. An adult may need 7 to 8 hours of sleep a night. If you do not get enough sleep night after night, you will build a "sleep debt." The only way to reduce this debt is to get the amount of sleep your body needs.

What are the common types of sleep disorders?

- ***Insomnia*** means that you do not get enough sleep, or that your sleep is of poor quality. You may have difficulty falling asleep, wake up frequently during the night and have trouble returning to sleep, or wake up too early in the morning.
- ***Problem sleepiness*** is when sleepiness interferes with daily routines and activities, or reduces the ability to function.
- ***Sleep apnea*** is a serious, potentially life-threatening breathing disorder in which a person has brief interruptions of breathing during sleep.
- ***Narcolepsy***, a chronic disorder with no known cause, is excessive and overwhelming daytime sleepiness, even after adequate nighttime sleep.

What are the causes of sleep problems?

Sleep problems are caused by many factors, including:

- stress
- diet
- environmental noise
- extreme temperatures
- lack of exercise
- change in the surrounding environment
- medication side effects
- inadequate sleep
- sleep interruptions
- jet lag
- medical conditions such as restless legs syndrome and hot flashes
- certain mechanical or structure problems in the airway.

Parents are often woken repeatedly during the night by their small children, making it hard for them to get a good night's sleep.

Tips for a good night's sleep

- ***Exercise regularly***. Regular daily exercise can help relieve stress and tension; just make sure you finish your exercise at least three hours before bedtime.
- ***Avoid naps*** if you have trouble falling asleep at night.
- ***Drink and eat lightly***. Avoid large heavy meals, caffeine and sugar before sleeping. Alcohol can also cause sleep problems.
- ***Make sure your bed and bedroom are comfortable.*** Sleep in a room with reduced light, reduced noise and a temperature not too cool or hot.
- ***Keep regular hours.*** Go to bed at the same time each night and get up at the same time every day (even the weekends) to establish regular routines.
- ***Develop a sleep habit.*** Doing the same thing just before sleeping signals your body to settle down for the night.
- ***Get out of bed if you can't sleep.*** Read a book, listen to music, or try something else relaxing until you feel sleepy.
- ***Deal with your worries long before bedtime.*** Don't use your time in bed to worry over your problems.

When to seek medical help

Many problems related to sleep can be solved by changing your lifestyle, diet and exercise habits. Over-the-counter sleep aids may help you sleep on occasion, but they are not recommended for long-term use and should be used with caution.

If your sleep problems continue for more than a week, are bothering you, or if your sleepiness affects the way you function, you may need to get help from your health care provider or a sleep specialist. ◆

Resources:

National Sleep Foundation at www.sleepfoundation.org.

National Institute of Health, National Heart, Lung and Blood Institute at www.nhlbi.nih.gov.

Better Sleep Council at www.bettersleep.org.

CALIFORNIA CHILDCARE HEALTH PROGRAM

Health & Safety Notes
California Childcare Health Program

PUBLIC HEALTH INSTITUTE

CHILDCARE HEALTHLINE

Lead in Keys

The role of child care providers in preventing lead poisoning

Lead poisoning is the most common environmental disease of young children from birth to 6 years of age and it is preventable. As a child care provider, you are in an ideal position to protect children from lead poisoning and to educate parents about the issue. There are more than 800,000 children under 6 years of age in licensed child care in California. Parents look to you to help keep their children safe and healthy.

There are many simple steps that you and parents can take to ensure that the children in your care are safe from lead poisoning. The biggest source of lead exposure for children is from old chipping house paint. Keeping lead out of the home and child care environment is one of the most important things you can do to protect children. Making sure that children wash their hands frequently and get good nutrition are also important.

What are the symptoms of lead poisoning?

Unfortunately, symptoms of lead poisoning do not appear until the child is very sick. They include problems with learning and paying attention, and damage to the brain, nerves and kidney. Because most children with lead poisoning do not look or act sick at first, the only way to know for sure if a child has lead poisoning is for him or her to have a blood test. Parents and caregivers of children 6 months to 6 years of age should request information about lead poisoning and a blood test if appropriate at health care visits. All children in publicly supported programs such as CHDP, Medi-Cal and Healthy Families should be tested at 12 and 24 months Other children who live or spend time in housing built before 1978 that has chipping paint or has recently been remodeled should also be tested.

Why are young children more at risk for lead poisoning?

Children are at risk for lead poisoning for many reasons:

- They explore their environment by putting toys, hands and other objects in their mouths.
- They spend a lot of time on the floor where sources of lead are likely to be found. Through normal play, children come in contact with deteriorating paint, paint chips, keys, soil and dust, which may contain lead.
- Young children absorb more of the lead they eat because they have more rapid metabolisms.
- Young children's rapidly developing brains are more vulnerable to the toxic effects of lead. These toxic effects can cause behavioral changes and can limit their intellectual and physical development.

Lead exposure can also be harmful to the developing fetus, so pregnant women should protect themselves from exposure as well.

Lead in brass keys

A recent study identified a new potential source of lead: brass keys.[1] Most brass house and car keys contain lead, because brass is a soft metal and lead is used to strengthen the key so that it will not break or bend. Brass has a yellow color, but when it is used in a key it is often covered over by nickel or a nickel-plating, making it difficult to be certain whether a key is brass and therefore is likely to contain lead.

Not all keys have lead in them, but it is difficult to tell which keys do and do not contain lead just by looking at them. For this reason, children should never be given any keys to play with.

As a result of this study, key manufacturers agreed to reduce the amount of lead in brass keys to a level that would not be a problem for adults who are handling the keys in a normal way, such as driving their cars or opening doors. However, because children often put things in their mouths and because they are at risk for lead poisoning for the reasons listed above, it is recommended that **no keys should ever be given to children to play with.** The study showed that if there is lead in the keys, the children can get lead in their bodies by putting the keys in their mouths, or by putting their hands in their mouths after playing with the keys.

Other sources of lead

There are a number of other potential sources of lead in a child's environment. The more sources of lead children are exposed to, the higher their risk of being poisoned, so it is extremely important to minimize all possible exposures.

- **Lead-based house paint** is the most common source of childhood lead poisoning. Buildings constructed before 1950 are very likely to have high levels of lead in the paint. Those built between 1950 and 1978 are likely to have some lead in the paint. In 1978, the amount of lead in paint was limited by law, so buildings constructed after that are less likely to be a problem.
- **Lead gets in the soil** from leaded paint breaking down to dust or chips or from leaded gas emissions. Lead is no longer included in gasoline, but some remains in the soil from car exhaust in the air. Contaminated soil is also a very common source of childhood lead poisoning.
- **Lead can be brought home on work clothes** if household members work with lead. Some examples of these jobs include radiator repair, making or fixing batteries, soldering, and home remodeling.
- **Some home-made remedies and cosmetics** such as Azarcon, Greta, Pay-loo-ah and Kohl contain lead.
- **Hand-made pottery or dishes** sometimes contain lead; test them with a kit from the hardware store.
- **Some hobbies** require the use of lead, including making stained glass or fishing sinkers.

What can child care providers do to protect children from lead poisoning?

- Teach parents what you know about lead poisoning. Share this new information about lead in brass keys.
- Encourage children to wash their hands before eating, after toileting or playing outside, and before going to sleep to help keep lead from getting into their bodies.
- Make sure that children in your program are getting plenty of nutritious food. Good nutrition helps prevent lead that is ingested from being absorbed. Nutrients such as calcium and iron can help prevent absorption, and so does a full stomach.
- Request that children be assessed for lead poisoning as part of your pre-admission requirements.
- Post and distribute information about lead poisoning.
- Make sure your own facility does not expose children to lead by following the guidelines below.

How can I make sure there is no lead in my child care program?

Your facility may have lead in the paint or soil, or have toys or dishes with lead in them. Here are some ways to see if there is any lead in your child care environment:

- Have your facility's paint and soil tested for lead. You can get the names of inspectors by contacting your local county lead poisoning prevention program or the state program. You can also test painted surfaces yourself, with testing kits sold at hardware stores. Call the Lead Program of your local Health Department for instructions on how and where to do your own testing.
- Take precautions before painting, building or renovating in your facility. Lead paint must be carefully removed, and you should consider hiring a lead abatement contractor to do so. Do not sand, scrape or burn lead-based paint. Children, pregnant women and pets should not be present during renovation.
- Cover bare soil around your facility. You can plant shrubs or grass so that children are not playing directly on the dirt. If you use well-maintained, impact-absorbing surfaces under play equipment, they will protect children from lead in soil as well as from falls.
- Wash mouthed toys frequently. Test old or imported painted toys for lead; if they test positive, don't use them.
- Inspect your facility for peeling or flaking paint and test to see if it contains lead. Keep cribs, playpens and other play equipment away from the area.
- Clean and disinfect all play surfaces on a regular basis to remove not only dirt, debris and body fluids, but lead paint dust. ◇

Reference

[1]*People v. Ilco Unican Corp.*, Case No. 305765 (Super. Ct. S.F.), Decl. of Jeffery M. Paull, Dr.P.H., September 8, 2000.

Resources

California Childcare Health Program at (800) 333-3212 or visit the Web site at www.childcarehealth.org

Call the lead poisoning prevention program of your local health department (look for Health Department in the local government listings of the phone book).

State of California Lead Poisoning Prevention Program at (510) 622 5000 or www.dhs.ca.gov/childlead.

California Childcare Health Program ◦ 1322 Webster Street, Suite 402 ◦ Oakland, CA 94612-3218
Telephone (510) 839-1195 ◦ Fax (510) 839-0339 ◦ Healthline 1-800-333-3212

NUTRITION

Cooking with Young Children

by Judith Kunitz, MA, Child Development Specialist

Young children love to eat, especially food that they prepare themselves! Cooking projects are an excellent means for teaching nutrition and other concepts because the children are directly involved in the activities. They gain self-confidence and self-esteem as they accomplish each cooking task. Cooking gives you a chance to help them explore science principles such as cause and effect, chemical reactions and temperature, as well as mathematical concepts such as counting, measuring and sorting. Children develop their small motor skills and hand-eye coordination while stirring, pouring, sifting and cutting, and language skills while observing and describing their cooking process. And our young cooks learn cooperation and patience while waiting their turn in the kitchen!

Child care providers have the opportunity to transmit nutritional information during these hands-on cooking experiences. We have the responsibility to help young children develop positive attitudes about nutrition, food and eating. Cooking activities encourage children to try new foods, explore new taste sensations and learn about textures, smells, shapes, colors and the nutritional value of the foods that they prepare. Even toddlers and two-year-olds enjoy and can help in simple cooking tasks—such as washing vegetables or dumping in and stirring ingredients.

The following safety tips need to be taken into consideration when cooking with young children:

- Wash hands!
- Discuss safety rules with the children before beginning the cooking project.
- Never leave the children alone while cooking.
- Keep all handles of pots and pans pointed away from the edge of the stove.
- Do not use any sharp knives. Children can use strong plastic picnic knives to practice cutting.
- Make sure a fire extinguisher is accessible in the cooking area.
- Oven use is for adults only.
- Always have children sit while eating to prevent choking.
- Be aware of any food allergies and avoid use of these ingredients. ◆

Resources:

Making Food Healthy and Safe for Children: How to Meet the National Health and Safety Performance Standards—Guidelines for Out-of-Home Child Care Programs, U.S. Department of Health and Human Services, Maternal Child Health Bureau, (800) 275-4772.

Pretend Soup and Other Real Recipes: A Cookbook for Preschoolers & Up, Mollie Katzen and Ann Henderson, Tricycle Press, 1994.

Cook and Learn: Pictorial Single Portion Recipes: A Child's Cook Book, Beverly Veitch and Thelma Harms, Addison-Wesley Publishing Co., 1981.

40

The Morning Health Check

Daily morning health checks can help you learn what's normal for each child in your care and identify problems early so you can reduce illness in your program.

Signs to Observe

During your morning health checks, watch for the following:

- mood and changes in behavior;
- fever (if there is a change in the child's behavior or appearance);
- skin rashes, itchy skin or scalp, unusual spots, swelling or bruises;
- complaints of pain and not feeling well;
- other signs and symptoms of illness such as severe coughing, sneezing, breathing difficulties, discharge from nose, ears or eyes, diarrhea or vomiting; and
- reported illness in child or family members.

Use All Your Senses

Listen to what the child and parents say about how the child feels.

Look at the child from her level. Observe for signs of crankiness, pain, discomfort or being tired.

Feel the child's cheek and neck for warmth, clamminess or bumps as a casual way of greeting.

Smell the child for unusual odor in their breath, diaper or stool.

Making Decisions

If you have concerns about a child, discuss them with the parent. Perhaps the child needs to go home. If you decide that the child will remain, discuss how you will care for the child and at what point you will call the parent. It is your decision whether the program will accept responsibility for the ill child. ◆ .

Source: Health & Safety in the Child Care Setting: Prevention of Infectious Disease (CCHP).

Focus Groups Explore Child Care Providers' Views on Challenging Behaviors

by Diana Harlick, Technical Assistant, Child Care Health Linkages Project

Over the past several years, CCHP has listened to child care providers throughout California express their concerns over the increasing numbers of children in their care with challenging behaviors. In the fall of 2001, CCHP partnered with Health Research Systems of Washington D.C. to conduct 10 focus groups of child care and mental health providers across the state. Some key findings from the focus groups are highlighted below.

INCLUSIVE CHILDCARE SERVICES PROJECT

Key Findings

Not surprisingly, child care providers reported that there are significantly more children in their care with challenging and aggressive behaviors than in previous years. Coping with these behaviors is difficult due to the daily stresses placed on child care workers. Poor compensation, high staff turn over, and a shortage of qualified child development professionals were identified as major obstacles to addressing the underlying causes of challenging behavior.

On an encouraging note, center-based child care providers showed extensive knowledge of the resources available to address children's individual needs. Participants frequently mentioned seeking the assistance of health providers, specialists and health consultants. However, providers noted that there are usually long waiting periods for assessment services and that intervention services are scarce.

Family child care providers, on the other hand, were much more unlikely to take advantage of these resources. They indicated that their knowledge of existing resources and relationships with other professionals were limited and that they therefore did not have a similar commitment to locating services for the children and families with whom they work.

Helpful strategies identified by participants

Focus groups were asked to identify the technical assistance strategies they would find most helpful in addressing the challenging behavior of children in their care. The strategies chosen by the largest number of participants were:

- Having behavioral specialists come in to centers to observe children and offer suggestions for coping with problem behaviors.
- Training sessions or workshops that teach strategies for responding to problem behavior of the children in their care.
- Being able to offer parents home visits from behavioral specialists to help them learn how to deal more effectively with problem behavior.
- Workshops for parents that teach them how to better respond to problem behavior at home.

The complete report prepared by Health Systems Research is available on our Web site at www.childcarehealth.org. ◆

Child Care Health Consultants Graduate

by Robert Frank, MS

On February 13, 2002, 11 health consultants completed the California Training Institute (CTI) in Oakland, California. Each participant completed three-day segments totaling nine days or 72 classroom hours of rigorous training on child care health consulting.

Topics covered included: quality in child care, health and safety resources for child care programs, understanding consultation, participating in a community collaboration, behavioral health, full inclusion, prevention of child abuse, child nutrition, infection control, staff health, community care licensing regulations, national health and safety performance standards, diversity, oral health, sanitation, child observation, injury prevention, emergency preparedness and environmental health. The CTI participants also took part in structured focus groups related to an extensive research component conducted by the UCSF School of Nursing. The research is addressing the effectiveness of a health consultancy model for child care.

Another track of CTI is scheduled for April, May and June 2002. Funded Linkages county health consultants alongside others in the field are invited to go through the process of grasping the model and the how-to's of implementing this very needed and effective support service to child care centers and family child care homes throughout California. Participants scheduled for the next track come from Shasta, San Benito, Siskiyou, Inyo, Humboldt, Ventura, Los Angeles, Sonoma, Marin and Mendocino counties. For more information and future training opportunities, call CTI Coordinator Gail Gonzalez at (510) 839-1195. ◆

EVENTS

May

May is **Asthma and Allergy Awareness Month.** For information, contact Asthma and Allergy Foundation of America, (800) 7-ASTHMA; www.aafa.org and www.ginasthma.com.

1: Worthy Wage Day. For information, contact Center for the Child Care Workforce, (800) UR-WORTHY; www.ccw.org.

1-4: California State Parent and Teacher Association Convention. Los Angeles. California State PTA, (213) 620-1100; www.capta.org.

5-11: Food Allergy Awareness Week. Food Allergy and Anaphylaxis Network, www.foodallergy.org.

5-11: National SAFE KIDS Week, National SAFE KIDS Campaign, www.safekids.org.

7: Childhood Depression Awareness Day. National Mental Health Association, www.nmha.org.

20-27: Buckle Up America. National Highway Traffic Safety Administration, U.S. Department of Transportation, (800) 424-9393; www.nhtsa.dot.gov.

June

June is **Fireworks Safety Month** (through July 4).
Prevent Blindness America, www.preventblindness.org.

1: Stand for Children Day. For information, contact Stand for Children, (800) 663-4032; www.stand.org.

21-22: Rediscovering the Magic. Oakland. Infant Toddler Consortium, (510) 658-9189; www.infanttoddlerconsortium.org.

PRODUCT WATCH

Recalls and Product Alerts

Below is a summary of items recalled voluntarily and preventively. As always, take the recalled item out of circulation and contact the appropriate company to find out about replacements, parts, refunds or other instructions.

Recalled Item	Defect	Contact Information
Power cord sets sold with inkjet printers from Hewlett-Packard Company	Connector can break, exposing electrical contacts and posing a shock hazard.	Contact Hewlett-Packard at (877) 917-4378; www.hp.com
Snuggle bears	The eyes and noses of these bears can come off, posing a choking hazard to young children.	Contact Snuggle at (800) 896-9479; www.Snuggletime.com
Monsters in the Closet children's board books	The snap which secures the book could detach, posing a choking hazard.	(800) 493-0009; www.randomhouse.com/kids/safety.html
Zowie's 123 children's books	The books have a plastic abacus-like toy attached to the back cover that contains plastic beads which can separate from the cover, posing a choking hazard.	(866) 203-8070; http://asp.disney.go.com/DisneyBooks/homepage.asp
Graco snack and activity trays	Suction cups can pose a choking hazard if not installed correctly; new instruction sheet is being distributed.	(800) 345-4109 www.gracobaby.com for new instruction sheet
Alpha Int'l/Gearbox pedal car (17 models are included)	Paint contains high lead levels and is a poisoning hazard.	(800) 368-6367
OshKosh B'Gosh newborn girls' garments	The fabric, heat-sealed flowers on the front of the garments can detach after washing, posing a choking hazard.	(800) 282-4674 www.oshkoshbgosh.com to learn which outfits are affected and how to get a refund

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LEGISLATIVE UPDATE

Reviewing the Governor's Budget

by Diana Harlick, Technical Assistant,
Child Care Health Linkages Project

In January, Governor Gray Davis unveiled his 2002-2003 budget proposal. In view of the deteriorating fiscal situation and a $12.5 billion funding gap, the Governor has proposed some cost-saving measures and reductions for child care and public health services.

Child Care

To address inequities in access to child care, the Governor proposes in his 2002-2003 budget several Child Care Reform initiatives. The Governor claims that these reforms would result in $400 million in savings, the majority of which he proposes to reinvest in the Alternative Payment Program (APP) and After School Learning and Safe Neighborhoods Partnerships Program (ASLSNPP) to create an additional 120,000 child care slots. Some of the major changes the Governor proposes include:

- Eliminating CalWORKs Stage 3 as of April 1, 2003 and shifting $218 million of Stage 3 funding to the APP Program. CalWORKs families exhausting Stages 1 and 2 child care time limits will have to compete for slots against other low-income families.
- Reducing income eligibility for subsidized care from 75 percent of the state median income (SMI) to between 60 to 66 percent of the SMI.
- Reducing reimbursements to higher-cost child care programs.
- All families in subsidized care will be required to pay a fee based on family income and length of time receiving subsidized care.

Health Services

The Governor's budget proposal also includes important changes in funding for health services:

- Eliminating the Child Health and Disability Prevention Program (CHDP) and shifting its caseload to Medi-Cal and Healthy Families for a savings of $55.8 million.
- Postponing expansion of the Healthy Families Program to cover parents until July 1, 2003. However, the federal government approved California's request to extend coverage to parents in late January, after the Governor had already presented his budget. The Governor has promised to find a way to move forward with the expansion by the end of the current fiscal year.
- $42.1 million augmentation to implement "express lane" eligibility, which links eligibility for Medi-Cal and Healthy Families to the Food Stamps and National School Lunch Programs. ◆

Sources:

California Budget Project. Budget Watch. February 2002. Volume 8, Number 1.

On the Capitol Doorstep. January 2002. Volume 32, Number 1.

Child Development Policy Institute. Governor Davis Releases His FY 2002-03 Budget Proposal. Information Bulletin: January 10, 2002.

–New Study Highlights, continued from page 1

In 1996, the U.S. Department of Health and Human Services and the Maternal and Child Health Bureau launched the Healthy Child Care America Campaign to link the child care community with local health agencies as a way to improve the health and safety of children attending child care facilities. One component of the campaign was to "...use child care health consultants to help develop and maintain healthy child care."

Health consultation services have rarely been evaluated. Researchers at UCSF decided to conduct a study on the effectiveness of child care health consultants' work with child care centers. The study asked: 1) does health consultation increase child care staff's knowledge and awareness of child and staff health issues? and 2) does child care center compliance with health standards improve for intervention centers compared to control centers?

The study examined 15 urban child care centers serving children ages 3 to 5. Five centers received health consultation services; the other 10 did not. The health consultants provided on-site visits, a health resource binder, reference books, telephone consults, reviews of center health policies, assistance in developing care plans for children with chronic health conditions, and workshops on health topics. The centers receiving services had never received health care consultant services before.

The results showed positive effects of health consultation services, with increased acknowledgment of staff's need for more health information, increased health knowledge and increased center compliance with health standards in the intervention centers. The Child Care Health Linkages Project, funded by the CCFC and administered by UCSF School of Nursing, will expand this important study with their evaluation of health consultation services in 21 counties in California. We look forward to these results by 2004. ◆

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Resources

New National Poison Control Hotline. In observance of National Poison Prevention Week (March 17-23), the Council on Family Health urges Americans to know the new nationwide toll-free number for poison control centers: (800) 222-1222. The council is offering free emergency telephone stickers with the new number. www.cfhinfo.org/pressRoom/pressreleases/2-21-02_Emergency_Stickers.htm.

Children's Legislative Report Card grades state legislators on 23 child-related bills and summarizes 2001 legislation for child care, foster care, education and health. Free. Children's Advocacy Institute, University of San Diego; (619) 260-4806; www.sandiego.edu/childrensissues.

Young Hearts and Minds: Making a Commitment to Children's Mental Health reviews the children's mental health system in California and has recommendations for ensuring that children with mental health needs receive high-quality services. Free. Little Hoover Commission; (916) 445-2125; online at www.lhc.ca.gov.

Concepts and Models of Family Involvement, from the Family Involvement Network of Educators, presents case studies of organizations building family-school partnerships. www.gse.harvard.edu/hfrp/projects/fine/resources/case_study/intro.html.

Organizational Development Resources, from Child Abuse Training and Technical Assistance, has annotated links to resources on advocacy, board development, fundraising. www.sonoma.edu/cihs/html/catta.

2001 California Child Care Portfolio reports, county-by-county, on child care supply, demand and costs. Finds severe shortages in licensed care, particularly infant and evening care. Free plus s/h. California Child Care Resource and Referral Network, (415) 882-0234; information about the report is also available online at www.rrnetwork.org.

Bright Futures in Practice: Mental Health is now available in Acrobat Reader format at the Bright Futures Web site at www.brightfutures.org. Information on healthy emotional, behavioral, and cognitive development and early recognition and intervention for mental health problems and mental disorders is available for both families and health care professionals. ◆

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CALIFORNIA CHILDCARE HEALTH PROGRAM

Child Care Health Connections

A health and safety newsletter for California child care professionals

Published by the California Childcare Health Program (CCHP), a program of the University of California, San Francisco School of Nursing (UCSF)

July/August 2002 • Volume 15 • Number 4

CCHP Updates

We're happy to report that CCHP has completed the transition from San Diego State University. All of our grants are now administered by the University of California, San Francisco (UCSF) School of Nursing Department of Family Health Care Nursing.

We are very pleased to have support from three grants: California Children and Families Commission is funding the Child Care Health Linkages Project; the California Department of Education is funding the Healthline Project; and the Department of Health and Human Services, Maternal Child Health Bureau is funding Healthy Child Care California. Each of these grants supports the CCHP mission of initiating and strengthening linkages among the health, safety and child care communities and the families they serve.

There have been several personnel changes at CCHP and we have open positions, which are listed on our Web site (see below). We look forward to announcing our new staff in the next issue of the newsletter. ◆

CCHP needs you!

We have several wonderful staff positions open.

For details, visit

www.childcarehealth.org.

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Prevention of Falls

Falls are the single greatest cause of injury in the child care environment and the most common injury requiring medical care. But not all falls are inevitable. You can reduce the risk of injuries through control of the children's environment, by teaching appropriate behaviors and by careful supervision.

Modify equipment and environment so it is as safe as possible.

- Use child and playground equipment that is safe and well maintained.
- Use durable, balanced furniture that will not tip over easily.
- Get rid of baby walkers.
- Place safety gates at the top and bottom of stairs.
- Keep windows screened and install window guards on upstairs windows.
- Pick up toys and other objects from the floor and clean up spills quickly.
- Secure or remove loose mats and rugs.
- Use skid-proof mats or stickers in the bath.
- Keep the area well lit.
- Use safe playgrounds. The surface under and around play equipment where children can fall should be shock-absorbent and soft.

You can bring about changes of behavior through education and supervision of the children in your care.

- Do not allow children to climb on furniture, stools or ladders.
- Never leave toddlers and infants unattended on beds, on changing tables or in play areas.
- Discourage indoor running.
- Teach children how to play safely, involve them in making rules for playground behavior, and enforce these rules consistently.
- Remove a disruptive child from play, and explain how her or his actions could hurt someone. ◆

Source: Health and Safety in the Child Care Setting: Prevention of Injuries (CCHP).

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Child Care Health Connections©

Child Care Health Connections is a bimonthly newsletter published by the California Childcare Health Program (CCHP), a community-based organization affiliated with the University of California, San Francisco School of Nursing Department of Family Health Care Nursing. The goals of the newsletter are to promote and support a healthy and safe environment for all children in child care reflecting the state's diversity; to recreate linkages and promote collaboration among health and safety and child care professionals; and to be guided by the most up-to-date knowledge of the best practices and concepts of health, wellness and safety.

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Subscriptions, renewals, inquiries and reprint inquiries: please contact Maleya Joseph at mjoseph@childcarehealth.org or at (510) 281-7938.

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Information provided in *Child Care Health Connections* is intended to supplement, not replace, medical advice.

Visit us on the Web:
www.childcarehealth.org

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ASK THE NURSE...

Choosing a CPR Class

by Tram Trinh, BS, RN, MSN, PHN

Q: I want to be a child care provider and I know that I have to take a CPR class in order to meet licensing requirements. There are so many different kinds of CPR classes offered. How do I know if the one I take will be approved and accepted by Community Care Licensing?

A: State law requires all licensed child care providers to complete 15 hours of course work, which includes CPR/First Aid (7 hours) and Health and Safety (8 hours). The CPR/First Aid classes for child care providers are usually offered together. The 8 hours of Health and Safety instruction must include specific topics such as Preventative Health Practices, Identification and Prevention of Child Abuse, Nutrition and Injury Prevention. The Department of Social Services issued an update on acceptable Health and Safety Courses for Child Care providers:

- As of January 1, 2000, all pediatric first aid courses must include a training component on the use of asthma medications given by nebulizers or metered-dose inhalers (MDIs) in child care settings.
- Effective January 1, 2000, the Emergency Medical Services Authority (EMSA) defines "pediatric" as applying to children 0 to 18 years old. To meet the needs of older children, EMSA-approved pediatric CPR courses now include adult CPR. Effective July 1, 2000, the American Red Cross and the American Heart Association will also define "pediatric" as applying to children 0 to 18 years old for the purposes of providing CPR training to child care providers.

Some courses require an EMSA sticker, while others do not, to show that the courses are approved by statute. The courses below meet the current requirements.

For further information on licensing requirements surrounding CPR and health and safety courses, please call your county Community Care Licensing Number, your local Resource and Referral agency, or our Healthline at (800) 333-3212. ◆

Groups	Courses	No EMSA Sticker Required	Yes EMSA Required
EMSA Courses www.emsa.ca.gov	EMSA approved Pediatric First Aid and Pediatric CPR		Yes
	EMSA-approved Preventive Health Courses	No, if courses taken before 9/1/99	Yes, if completed on or after 9/1/99
American Red Cross	California Child Care First Aid (includes training component on nebulizers and MDIs)	No	
	Community CPR	No	
	A combination of certificates that includes Adult CPR & Infant-Child CPR	No	
	California Child Care Preventive Health and Safety (unlike American Red Cross Pediatric First Aid and Pediatric CPR courses, this course must be approved by EMSA)	No, if completed before 9/1/99.	Yes, if completed on or after 9/1/99.
American Heart Association	Need to take both Pediatric Basic Life Support & Heart Saver Plus (4-6 hours)	No	
Community Colleges	All courses in pediatric first aid, pediatric CPR and preventive health practices	No, if taken at accredited community college.	
Universities	All courses in pediatric first aid, pediatric CPR, and preventive health practices	No, if taken at accredited university.	

INFANT/TODDLER CARE

The Gift of Temperament

by Susan Jensen RN, MSN, PNP

"You're overreacting!" "Don't be so sensitive!"

Have you found yourself saying things like this to some of the children in your care? It may seem as though certain children fuss or complain about trivial items that other children don't even notice. What is behind their behavior?

It may be an issue of temperament. Temperament refers to the usual way that a person responds emotionally. Some people also use it to mean excessive sensitiveness or irritability—a person whose emotions can go beyond what is considered typical. This in part defines the temperament of the *spirited child.*

Research has recognized that about 10 percent of the child population can be described as spirited because their mixture of qualities is balanced differently than in the average child. Spirited children are normal even though they have personality characteristics (i.e. sensitivity) that are considered excessive by cultural standards.

Children who are intense really do experience things differently than others. It is speculated that their feelings and responses feel about 30 percent stronger than those of most other people. But small children who are intense do not understand this. Their intensity may be reflected in their response to discomfort, disappointment, joy or excitement. Children who are sensitive may be perceived as whiney or manipulative when they say that they're bothered by the lights buzzing or always insist on the same brand of peanut butter.

It's easy to think that these children are overreacting or being too sensitive. These perceptions can quickly turn into negative judgments which influence how they are perceived by others and how they perceives themselves. We learn who we are by how others see us.

But excessive characteristics of temperament also have a positive side. It is important to keep in mind that spirited children are also vivacious, exuberant, aware and perceptive, and are capable of deep, caring relationships. Musicians and actors might have an excess of intensity.

As a child care provider, you have a direct impact on children and their families and can help them identify and work with their spirited children. One way to start is by using positive words for behavior that is perceived as "bad" or "difficult" (excluding behavior which is aggressive or unsafe). A child who is stubborn could also be seen as persistent. A sensitive child could equally be described as aware, or a difficult child as spirited. This "remodeling" is very effective and important in maintaining the child's self-esteem, supporting parents' confidence in themselves, and in building relationships. ◆

Resources:

For additional information call the Healthline at (800) 333-3212 or visit www.preventiveoz.com, a Web site devoted to issues of temperament.

Kurcinka, Mary. Raising Your Spirited Child. (A guide for parents whose child is more intense, sensitive, perceptive, persistent, energetic) 1992. Harper Perennial; New York, NY. ($12).

STAFF HEALTH

New Standards and You

By Judith Kunitz, MA

The second edition of *Caring for Our Children (National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care Programs)* is finally in print and on the Web (visit http://nrc.uchsc.edu/CFOC/index.html). This new edition contains updated guidelines for the promotion of children's health and safety in family and group day care homes and child care centers as well as updated recommendations for the promotion of staff health.

The following standards include major additions and changes pertaining to staff health:

- Standards 1.045 and 6.014: TB testing shall not be repeated on a regular basis unless required by the local or state health department or if a staff person falls into high-risk categories.
- Standards 1.045 and 1.047: Supports reasonable accommodations to staff health issues as required by the Americans with Disabilities Act.

Other existing standards and measures pertaining to staff health, wellness and stress reduction include a number of changes to Standard 1.049:

a) Wages and benefits that fairly compensate the skills, knowledge, and performance required of caregivers, at the levels of wages and benefits paid for other jobs that require comparable skills, knowledge, and performance;
b) Job security;
c) Training to improve skills and hazard recognition;
d) Stress management and reduction training;

—continued on page 9

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Safe Summer Play

by Eva Guralnick

Those long summer days unfortunately bring with them an increased risk of injuries as children spend more time outdoors in active play and often receive less supervision. The American Academy of Pediatrics recommends that you take the follow precautions to make sure the children in your care are safe this summer.

Protect them from the sun. The best lines of defense are clothing, hats with a broad brim, and sunglasses (look for sunglasses that block 99 to 100 percent of ultraviolet rays). Use sunscreen with a sun protection factor (SPF) of at least 15; reapply frequently. Avoid sun exposure during the high intensity hours of 10 a.m. to 4 p.m. Babies under 6 months of age should be kept out of the direct sunlight.

Prevent heat stress. Make sure children drink plenty of water before any strenuous activities, and periodically while they are exercising, even if they don't feel thirsty. Pick activities that are not too strenuous for the temperature and humidity, and make sure children are dressed in light-colored and lightweight clothing.

Be safe around pools. Never leave children alone in or near the pool, even for a moment, and make sure staff members are trained in lifesaving techniques and CPR so they can rescue a child if necessary. An adult should be within arm's length whenever infants or toddlers are in or around water.

Protect children from insects. Don't use scented soaps, perfumes or hair sprays on children. Use an insect repellant containing geraniol, a safe plant product, if possible (these are marketed under names such MosquitoSafe, TickSafe and FireantSafe). If you must use an insect repellent with DEET (the active ingredient in many insect and tick repellants), it should contain no more than 10 percent DEET because the chemical absorbs through the skin and can cause harm.

Make sure outdoor play areas are safe. Carefully maintain all equipment, and make sure that swings are made of soft materials such as rubber, plastic or canvas. Make sure children cannot reach any moving parts that might pinch or trap any body part, and that metal slides are cool so little legs won't get burned.

Use bicycles, skateboards and scooters safely. Make sure children are ready and able to ride a toy before you let them use it, and that it is the right size for them. A child should be able to place the balls of both feet on the ground when sitting on the seat of a bicycle. Children should always wear helmets and protective gear when riding bicycles, skateboards and scooters, and should never ride in or near traffic. ◆

Resource: American Academy of Pediatrics at www.aap.org.

Just when you think you've graduated from the school of experience, someone thinks up a new course.

—Mary H. Waldrip

Legal Responsibilities

by Robert Frank, MS

Health consultants not only interact with child care staff and parents but also help with the development of health policies and procedures. These wide-ranging consulting responsibilities have the possibility of liability exposure. The field of child care health is very new and at this time there is not a consensus on standards of care or specific scope of work. Health consultants currently will influence the liability exposure by creating these standards. For now, consultants must rely on general principles and past experiences with methods that are not well-established.

In *Liability Exposure and Childcare Health Consultation*, prepared by the Child Care Law Center for our California Childcare Linkages Project, Abby Cohen discusses the following methods for minimizing liability exposure in California:

- Establish job qualifications in terms of professional training and credentials which allow for confidence in expertise and judgment.
- Recognize that different standards of care are imposed on different health professionals.
- Recognize that the job responsibilities which might be required are on a continuum of potential liability exposure and therefore job responsibilities ought to be chosen with care.
- Job responsibilities should be as clear as possible, with standardized methods developed for these responsibilities.
- Perform only those job responsibilities permitted by one's scope of practice and for which one has the professional expertise.

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—continued on page 9

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Beware of Poisonous Houseplants

by A. Rahman Zamani, MD, MPH

Plants are among the most common household substances that children may eat. But, did you know that some common indoor and outdoor houseplants are poisonous? In fact, some very common houseplants are the leading causes of poisoning in children under six years of age.

To protect our children, we need to know which plants are poisonous and keep them out of the reach. The National Health and Safety Performance Standards (*Caring for Our Children*) also calls for forbidding poisonous or potentially harmful plants in any part of a child care facility that is accessible to children.

Poisonous plants

Plants are regarded as poisonous or toxic when they cause some type of problem or reaction. Reactions can range from mild to serious. Symptoms may vary from a mild stomachache, skin rash, and burning or swelling of the mouth and throat to severe vomiting and diarrhea, involvement of the liver, heart, kidneys, other organs, and coma.

Common poisonous houseplants of California

Determining whether or not your houseplant is toxic may be difficult. You may call your local poison control center and request a list of poisonous plants common in your area. If you do not know the name of a plant in or around your home, take a piece of the plant to a plant nursery for identification.

Tips for prevention

- Keep all plants away from small children.
- Check your home, child care environment and yard for unsafe plants. Keep any unknown plant and other potentially poisonous substances out of children's reach.
- Place plants behind a glass enclosure to keep children from touching them.
- Safely dispose of cuttings, trimmings and leaves from potentially harmful plants so children do not have access to them.
- Teach children never to pick and eat anything from a plant without your permission, no matter how it looks.
- Supervise children carefully when they play outdoors.

When should you call poison control?

If you suspect a child has ingested a poisonous plant, do the following:

- Remove any remaining plant parts from the mouth.
- If the victim is choking and cannot breathe, call 9-1-1.
- Otherwise, call the Poison Control Center. The National Poison Control Hotline number is (800) 222-1222.
- If you are advised to go to an emergency room for treatment, take the plant or a part of the plant with you, not just a single leaf or berry. ◇

References

California Poison Control System at www.calpoison.org/public/plants.html.

American Association of Pediatrics (AAP).

Caring for Our Children: National Health and Safety Performance Standards, Second Edition.

University of California, San Diego Web site and http://health.ucsd.edu/poison/plants.asp.

Common houseplants that can be highly toxic

Plant	Poisonous Parts	Complications
Castor Bean (castor oil plant)	Seeds are beanlike pod	Stomach irritation, diarrhea, abdominal pain, increased heart rate, profuse sweating, collapse, convulsions and death.
Dumbcane (Dieffenbachia)	Roots, leaves, stems	Mouth and throat irritation, possibly stomach irritation, diarrhea (rarely).
English Ivy (Hedera helix)	Leaves and berries	Oral and stomach irritation, diarrhea, breathing problems, coma, death.
Jerusalem Cherry (Solanum pseudocapsicum)	Mature and immature fruit, leaves	Abdominal pains, gastroenteritis and vomiting.
Mistletoe	Berries	Diarrhea and irregular pulse.
Oleander (Nerium oleander)	The entire plant is toxic	Gastrointestinal irritation, cardiac abnormalities, death (may be sudden).
Philodendron	All parts, especially leaves	Stomach irritation, abdominal pain, abnormal heart rate and rhythm, seizures, coma, death.
Poinsettia	Leaves	Very irritating to mouth, throat, and stomach. Could cause death.
Rhododendron	All parts	Vomiting, seizures and paralysis.

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CALIFORNIA CHILDCARE HEALTH PROGRAM

Health & Safety Notes
California Childcare Health Program

CHILDCARE HEALTHLINE

Sleepwetting in the Child Care Setting

What is it?

Sleepwetting is unintentional urination during sleep which continues beyond age 4 years for daytime and beyond age 6 years for nighttime.

Sleepwetting is a term used to emphasize the fact that the child is wetting while sleeping. This gives the parent and the child care provider a different view of the situation than the commonly used term "bedwetting."

Who is most affected?

Sleepwetting affects between 5 and 7 million children in the United States. Both sexes are affected, but it is more common in boys. The occurrence of sleepwetting in all children is 10 percent by age 4 years in the daytime and 25 percent at nighttime. By the time children are 8 years old, only 10 percent experience nighttime sleepwetting, and by age 13, only 2 percent.

Although sleepwetting is a common problem, it is unfortunately a problem with a stigma attached to it. First, you need to confront your own feelings. The negativity you may feel is normal: sleepwetting creates more work for you. You may also have some personal concerns about your own effectiveness as a parent or a child care provider. Both you and the child may be feeling sensitive and alert to criticism. You may feel the child is lazy, just doesn't care, or is too immature to be able to control him or her self. These are normal feelings; however, they also increase the anxiety both you and the child experience.

Sleepwetting incidents put everything behind schedule. Neither you nor the child's day is off to a happy start, and the stress stays with both of you. In child care, this usually happens midday, at naptime.

What causes sleepwetting?

In most cases the cause of sleepwetting is unknown, although the most common known causes are:

- Underlying illness such as diabetes
- Infections (including urinary tract)
- Small or weak bladder
- Genetic factors
- Psychological problems caused by stress or separation from parents
- Sleep disorders
- Irritation of the genital area from bubble bath/ shampoos, pinworms, trauma, etc.
- Sexual abuse
- The child not being aware of bodily messages

In some cases where one or both of the biological parents have experienced sleepwetting as a child, their offspring often experience the same difficulty.

Historically, management of sleepwetting has emphasized punishment, humiliation and other disciplinary techniques. Today it is understood that sleepwetting is best dealt with through love, understanding and positive support.

How do I manage it?

Things that will not help

Historically, management of sleepwetting has emphasized punishment, humiliation and other disciplinary techniques. Today it is understood that sleepwetting is best dealt with through love, understanding and positive support. Criticizing, shaming, comparing, punishing, threatening, name-calling or spanking will only increase the stress between you and the child.

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Reader Survey

Dear Readers:

We want to continue to make *Child Care Health Connections* the best resource it can be. We hope you'll take a few minutes fill out this reader survey and mail it back to us, or fill it out online at www.childcarehealth.org. We will use your feedba to improve our content and design. Thank you for your time, and for reading *Child Care Health Connections!*

Tell us what you think about *Child Care Health Connections*

How would you rate the content?
- ❑ Very interesting, meets my needs
- ❑ Somewhat interesting, meets some of my needs
- ❑ Not very interesting, does not apply to my needs

How do you feel about the length of the articles?
❑ Just right ❑ Too short ❑ Too long

Which features do you find the most helpful?
(choose all that apply)
- ❑ Health and safety tips
- ❑ Health and safety notes
- ❑ Ask the nurse
- ❑ Infant/toddler care
- ❑ Public health
- ❑ Parent's page
- ❑ Nutrition
- ❑ Health and safety calendar
- ❑ Articles of general interest
- ❑ Health consultants
- ❑ Product watch
- ❑ Legislative update
- ❑ Inclusion insights
- ❑ Behavioral health
- ❑ Staff health
- ❑ Resources

Do you share articles with parents?
❑ Frequently ❑ Sometimes ❑ Never

Would you recommend *Child Care Health Connections* to other child care professionals? ❑ Yes ❑ No

When articles list resources for further information, do you ever use those resources yourself? ❑ Yes ❑ No
If yes, are they useful? ❑ Yes ❑ No
Would you like more or fewer resources?
❑ Just right as it is ❑ More ❑ Fewer

What do you like most about the newsletter?

_____

_____

_____

What do you like least about the newsletter?

_____

_____

_____

Subjects you would like to see in the future:

_____

_____

_____

_____

Other feedback (use back if necessary):

_____

_____

_____

_____

Tell us about yourself

How would you describe yourself?
- ❑ Owner/director of a child care facility
- ❑ Staff member of a child care facility
- ❑ Staff member of a resource and referral agency
- ❑ Child care health consultant
- ❑ Instructor (at which type of institution) _____
- ❑ Staff member at a school district
- ❑ Other _____

How would you describe your child care facility?
(check all that apply)
- ❑ Center-based
- ❑ Family-based
- ❑ Faith-based
- ❑ Head Start
- ❑ Located on school site for before and after care
- ❑ Other _____

What ages of children do you care for or consult with?
(check all that apply)
- ❑ Infants/toddlers (under 36 months)
- ❑ Preschoolers (36-50 months)
- ❑ School-age (five years to 12 years)
- ❑ All ages (0 to 18 years)

How do you receive copies of *Child Care Health Connectio*
- ❑ I read it online
- ❑ I (or my employer) have a paid subscription
- ❑ I (or my employer) have a complimentary subscripti

Thank y

place
stamp
here

Attention: Maleya Joseph
California Childcare Health Program
1322 Webster Street #402
Oakland, CA 94612-3218

Things that you can do to help

Protect the bed. Reduce some of the stress by eliminating the problem of wet, soggy mattresses and/ or sheets. Disposable underpads are convenient – some will cover most of the bed. Try waterproof mattress protectors or double sheeting with a rubber sheet between layers to ease changes of bedding.

Arrange for a physical check-up to rule out any physical problem.

Exercise the bladder. Understand that the bladder is a muscle, and like any other muscle it works better if it is exercised. One exercise is to have the child hold his/her urine to the count of 10 before releasing it. Then count to 20, then 30, etc. Have the child interrupt the stream and start again, which increases control of the outer sphincter muscle. Increase the child's awareness of signals from the bladder contractions.

Decide whether to restrict or not restrict liquids. This issue is still being debated. Some physicians feel that restriction of liquids during the day is not necessary; others feel that restriction of liquids during the evening is necessary. Discuss this with the child's doctor.

Communicate with the child.
Listen to the child's comments and thoughts on her/his struggle with sleepwetting.
Be supportive and positive and look for opportunities to encourage, motivate and praise.
Include the child in discussions. She/he needs to be involved in the solution. Sit down with the child and develop a mutual plan. Sometimes it is effective to write "story" together about the issue, a process which can be rewarding for both of you. Keep the story short and in the present tense. It should involve the current conflict and a resolution for that conflict. It is also important that the resolution be workable and agreed upon by both of you. The story can then be read by the child and/ or someone the child asks. When the situation is resolved in the story, the child may be able to follow the story and resolve his or her own situation. This technique can be used for other situations as well, such as separation anxieties.

Frequent reminders to use the toilet not only stress the child, they also stress you. Remember stress and pressure will cause you and the child to be more anxious, and anxiety can cause frequent urination.

Try to reduce the reminders you give the child to use the toilet throughout the day. Reminders not only stress the child, they also stress you. Remember stress and pressure will cause you and the child to be more anxious, and anxiety can cause frequent urination. Children grow at their own pace. Some develop bladder control early, and some later. Some children sleep very heavily and are not aware of bodily messages.

Provide opportunities for achievement. If there is an area where the child is capable and has shown skill, acknowledge the accomplishment and provide more opportunities where you know the child can succeed. The child who experiences competency in some areas can expand his or her sense of competency to other areas.

Help the child make a personal schedule or weekly calendar to help keep track of dry or wet sleeps. This actually encourages the child to take personal responsibility for his or her own actions. Remember, this works when it is agreed upon by both of you. Be sure the child is capable, respected and encouraged to keep her/his schedule as private or public as decided. Help the child develop a system as a reminder to periodically use the toilet. A special necklace or watch can be helpful.

by Gabrielle Guedet, Ph.D.
Revised June 2002

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www.childcarehealth.org

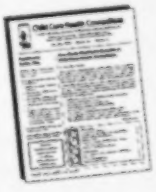
EVENTS

July
24-28:
12th National Association for Family Child Care Conference. San Diego. NAFCC, (801) 269-9338; www.nafcc.org.

August
Aug 12-13:
13th Northern California Early Childhood Education Conference – Ready, Set, Go: Leading the Way to School Success. Sacramento. NCECE Conference, Paula Burchett, (916) 344-6134; pburchett@beanstalk.ws.

Aug 16-18:
California Home=Education Conference. Sacramento. Home School Association of California, (888) HSC-4440; www.hsc.org.

Aug 21-23:
Latino Access to Health: When?/¿Cuando? Sacramento. Latino Coalition for a Healthy California, (916) 448-3234; www.lchc.org.



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We want to spread the word about child care health and safety. You may reprint articles from the *Child Care Health Connections Newsletter* without prior permission if credit is given to the newsletter and a copy of the issue in which the reprint appears is forwarded to the California Childcare Health Program at the address on page 2.

PRODUCT WATCH

Recalls and Product Alerts

Below is a summary of items recalled voluntarily and preventively. As always, take the recalled item out of circulation and contact the appropriate company to find out about replacements, parts, refunds or other instructions.

Recalled Item	Defect	Contact Information
Playskool Travel-Lite portable crib, distributed by Kolcraft Enterprises, Inc. and Playskool	Rotating top rails can collapse, entrapping children and suffocating them.	Contact Kolcraft at (800) 453-7673; www.hasbro.com under Consumer Affairs Safety Message
Vermont Precision Woodworks crib models: Alpine, Caspian, Coventry, Dunmore and Haystack	Slats can loosen and detach, creating a large opening where a child's head could become entrapped.	Contact Vermont Precision Woodworks at (800) 869-7974
Harry Potter key chains from Hallmark Cards Inc.	Key chains can leak petroleum distillates, which can pose an ingestion hazard.	Contact Hallmark at (800) 425-5627; www.hallmark.com
Smart Response Swings from Fisher-Price	It is possible to misassemble the seats so that they appear secure, but are not. If the seat is not properly attached, the seat and baby can flip forward.	Contact Fisher-Price at (800) 942-5912; www.fisher-price.com
Time Out folding mini beach chairs given out as a free gift with purchase of Time Out cosmetics at Sears stores	Chairs can collapse, posing crush and amputation hazards to fingers and toes.	Contact Intercon Merchandising Source, Inc at (800) 634-0469
Greendog® girl's capri pant and shirt sets	Buttons in the center of the embroidered flowers can detach, posing a choking hazard.	Contact Federated Merchandising Group at (877) 874-2812; www.fds.com/cpsc
GL-X200™ Estes Air™ Powered Rocket Systems	Foam tips can break off, exposing sharp edges that can cause face lacerations or eye injuries; weak pump handles can break	Contact Estes Industries at (800) 576-5811; www.estesrockets.com

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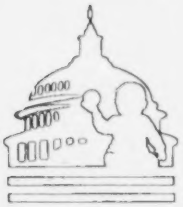
LEGISLATIVE UPDATE

Lawmakers Act to Save CalWORKs Stage 3



by Thomas Brennan

Governor Gray Davis found out how loudly California's child care community can protest when, in January 2002, he proposed phasing out Stage Three of CalWORKs (California Work Opportunity and Responsibility to Kids), the state's version of Temporary Aid to Needy Families (TANF). Stage Three is considered a transition stage, when recipients are getting back on their feet, and includes child care benefits that are essential to help recipients get and keep a job. Thanks to the work of child care leaders and state legislators (particularly the Women's Legislative Caucus), the governor abandoned that proposal in his May revision of the budget.

Meanwhile, State Senator Martha Escutia (D – Montebello) has introduced two bills intended to ensure not only *sufficient* child care, but also *high quality* child care. SB 308 would commit California to expanding the state's capacity such that, by 2006, all income-eligible children receive high quality child care and development services, and not just a spot on a waiting list. According to the California Child Care Resource and Referral Network, there are 1.5 million children age zero to five in need of care while there is space available for less than half of them.

And quantity is not enough; Senator Escutia's other bill, SB 390, would launch a comprehensive planning process to ensure that California provides children with the highest-quality child care possible. The planning process would address policy goals, under-served populations, inclusion of children with special needs, infant and toddler care, recruitment and retention of well-trained teachers and providers, and more.

Key to the success of both bills is ensuring that the budget dollars are allocated for these purposes—no one opposes quality child care, but the $24 billion budget deficit will require creative funding for these projects. Send letters of support or comment to: Senator Martha Escutia, State Capitol Room 5080, Sacramento CA 95814.

For up-to-date information policy issues, including the budget, visit the California Association for the Education of Young Children at www.caecy.org (click on "public policy") or the Child Development Policy Institute at www.cdpi.net. ◇

–New Standards and You, continued from page 3

e) Regular work breaks;
f) Appropriate child:staff ratios;
g) Liability insurance for caregivers;
h) Staff lounge separate from child care area;
i) The use of sound-absorbing materials;
j) Regular performance reviews; and
k) Stated provisions for back-up staff—for example, to allow caregivers to take necessary time off when ill without compromising the function of the center or incurring personal negative consequences from the employer. This back-up shall also include a stated plan to be implemented in the event a staff member needs to have a short but relatively immediate break away from the children.

These standards are here to protect and support you in the important work you do. Here is to your good health and wellness! ◇

–Legal Responsibilities, continued from page 4

- Develop and disseminate clear brochures and agreements which outline CCHC functions.
- Keep current with health and legal information.
- Maintain good documentation.
- Obtain consent.
- Maintain confidentiality.
- Carefully consider use of disclaimers.
- Consider carrying malpractice insurance.

Cohen also outlines the activities with the greatest exposure to liability:

- Training staff in specific procedures using specific equipment which are complex or could result in significant injury if performed incorrectly.
- Case management.
- Development of individualized care plans.
- Diagnosis or treatment of children and staff.
- Advice given in a specific situation concerning particular children, especially in an emergency (if not covered by Good Samaritan statutes).
- Immunizations (if not given as a part of a program covered by statutory immunity provisions or not required by law).

As more child care health consultants become experienced and standards for care become institutionalized, the whole field will evolve and progress, resulting in a reduction in liability exposure. For more information on legal issues, copies of *Liability Exposure and Child Care Health Consultation* and *Continuum of Liability Exposure for Child Care Health Consultants*, visit our Web site at www.childcarehealth.org, or call the California Childcare Health Program's Healthline at (800) 333-3212. ◇

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Resources

Plants That Poison. An illustrated chart of common poisonous plants indicating size, toxic parts and symptoms of poisoning. Contains information on preventing plant poisoning and emergency measures. Single copy is free. Send a self-addressed, stamped business envelope to: Bronson Hospital Poison Prevention, 252 E. Lovell, Box 56 (Attn: Nancy), Kalamazoo, MI 49007.

Child Care Now! — Families Working, Children Learning Organizer's Kit outlines key steps in pushing for national comprehensive child care legislation. Has instructions and materials for each step. Free. Children's Defense Fund; (202) 662-3556; online at www.cdfactioncouncil.org/OrganizersKit.pdf.

Coverage in Context reports on how thoroughly newspapers and network TV cover child abuse and neglect, child care, and child health insurance. Casey Journalism Center, online at www.casey.umd.edu.

Effects of Child Care Quality on Young Children's Development is a study from the National Institute on Child Health and Human Development that links better caregiver training and lower staff-child ratios to improved cognitive and social development in children. Appears in the May 2002 Psychological Science; summary available at www.gse.harvard.edu/news/features/mccartney05052002.html.

Is it More than the Blues? Children Can Suffer from Depression, Too lists warning signs for childhood depression and what actions parents can take if they suspect their child is depressed. National Parent and Teacher Association, online at www.pta.org/parentinvolvement/helpchild/oc_blues.asp.

Pretend Play and Young Children's Development discusses the value of high-quality play in children's early cognitive development, socialization and linguistic competency. Free. ERIC/EECE, University of Illinois at Urbana-Champaign, 51 Gerty Dr, Champaign, IL 61820; online at http://ericeece.org/pubs/digests/2001/bergen01.html.

Psychological Maltreatment of Children defines psychological maltreatment and how mandated reporters can prevent, recognize, and report it. Pediatrics, online at www.pediatrics.org/cgi/content/full/109/4/e68.

GovBenefits is an online tool to help users find out if they are eligible for federal benefit programs such as food stamps, health insurance, and school breakfast programs. www.govbenefits.gov/GovBenefits/jsp/GovBenefits.jsp.

National Center for Education in Maternal and Child Health compiles links to resources on asthma, health insurance, children with special needs, domestic violence and oral health. www.ncemch.org/RefDes/knowledge_path.html. ◆

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CHANGE SERVICE REQUESTED

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CALIFORNIA CHILDCARE HEALTH PROGRAM

Child Care Health Connections

A health and safety newsletter for California child care professionals

Published by the California Childcare Health Program (CCHP), a program of the University of California, San Francisco School of Nursing (UCSF)

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Preventing Back Injury

Back injury is the most common type of injury at work for child care providers. However, by using proper body mechanics and making changes in your work environment, you can reduce your chances of injuring your back.

1. Learn proper lifting and carrying techniques.
2. Use adult furniture, not child-sized chairs, tables or desks.
3. Always lower the crib side before lifting a child out.
4. Sit up against a wall or furniture for back support when possible. Perform stretching exercises.
5. Redesign the kitchen area so that the heaviest items are at waist height. Reorganize snacks and supplies to simplify procedures for preparation of snacks. Use step stools when retrieving items above cupboard height.
6. Use adult-height changing tables. Use a ramp or small, stable stepladders or stairs to allow children, with constant supervision, to climb up to changing tables or other places to which they would be lifted.
7. Use step stools for better leverage. Have maintenance staff improve the quality of window slides.
8. Use a cart to transport trash, and relocate the garbage cart closer to the work area. Reduce the size and weight of loads.

Source: *Health and Safety in the Child Care Setting: Prevention of Injuries in the Child Care Setting (CCHP).*

Can You Find the School Nurse?

by Lyn Dailey, PHN

Child Care Health Connections has addressed health and safety conditions in schools and child care programs from a variety of perspectives. We have provided information on everything from the hazards of heavy back packs to the benefits of nutritious lunches. We encourage families and child care providers to do their part and take measures to ensure that youngsters are sent off to school with all of their immunizations, any special care plans needed for asthma or diabetes, and up-to-date emergency contact information. So what happens with all of these careful plans and procedures once they arrive at school?

Many parents and caregivers are not aware that the school nurse is an endangered species. Medical procedures for students are frequently handled by the school clerk or a health aide. The California School Nurses Association reports that there is only one school nurse for every 2,469 students in California schools; only 7 percent of schools have a full-time credentialed nurse. In a time when glucose monitoring, insulin injections, gastrostomy tube feedings and nebulized asthma medications are common in schools, these statistics are disturbing. Encourage parents whose children are heading off to school to make sure their children will be safe and healthy with the following list of suggestions for them:

Do your homework. Start by asking to meet with the school nurse. If he or she is there one or two days per month, ask who handles health matters the remaining days and their level of education and training.

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Child Care Health Connections©

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Visit us on the Web:
www.childcarehealth.org

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ASK THE NURSE...

Nutrition and Oral Health

by Susan Jensen, RN, MSN, PNP

Q: Several of the children in my care have cavities and rotting teeth. What problems could this cause them later, and can nutrition make a difference?

A: Good nutrition is not only necessary for good physical health, it also plays a key role in the development and protection of a healthy mouth, especially the teeth and gums.

Dental caries (also called tooth decay) and dental cavities can occur as soon as teeth appear in the mouth and may cause a host of problems in later years. Baby teeth maintain space for the secondary or permanent teeth to grow into, so early extractions of decayed baby teeth can cause the permanent teeth to come in crooked. Decay can cause painful tooth abscesses. Severely decayed teeth can cause problems with jaw position, eating, language development, and the child's behavior because of discomfort. Dental extractions may be traumatic for children and expensive for parents. All of these problems are preventable with good oral care starting from infancy.

Child care providers and parents need to know about behaviors that increase the risk of early childhood tooth decay, such as inappropriate use of bottles and frequent consumption of sticky foods (such as caramel candy) or foods rich in carbohydrates (such as crackers). Here are some suggestions about nutrition that you can share with parents:

Infants

Bottle-fed babies should be weaned to a cup by one year and should have juice only from a cup (not a bottle) and only at mealtimes. Let parents know that breastfeeding decreases the chance of tooth decay in infants. Food preferences that are established when children are infants will continue to affect their eating habits, and their oral health, as they get older; infants who eat a lot of sweet foods are more likely to prefer sweet foods when they are toddlers.

Toddlers

Make sure children eat healthy, balanced meals as much as possible. Children may reject a new food many times before accepting it, so keep offering nutritious, low-sugar foods from all parts of the food pyramid. Remember that *what* they eat is more important than *how much* they eat; healthy children will never starve.

Pre-Schoolers

Discourage slow-dissolving sweet foods such as suckers and hard candy, and avoid keeping these foods in your child care program. Choose snacks that are low in sugar.

For a copy of a fact sheet for parents on "Tooth and Mouth Care" or more information about oral health and additional resources call the Healthline at (800) 333-3212. ◆

Information adapted from the Oral Health Forum, June 2002. Oakland, CA.

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INFANT/TODDLER CARE

Secure Attachment: A Good Beginning for the Self

by Mardi Lucich, MEd

What is a secure attachment?

A secure attachment means a strong, trusting and affectionate bond between a child and a caring adult who is part of the child's everyday life.

Why is this bond so important for infants and toddlers?

A secure attachment is the key to a child's social and emotional well-being. Through this bond, children learn how to cope with their own emotions and behaviors. It also lays the foundation for how children will approach all their future relationships, and for their feelings of self-worth, effectiveness and competence. This early special connection helps children feel worthy and valuable, and is the center around which their healthy social-emotional development evolves.

How can I form secure attachments with the children in my care?

- Create an intimate emotional bond with the children in your care by expressing your natural loving, nurturing feelings.
- Pay attention to children's cues and meet their needs consistently. This lets them know that they can trust you and rely on you. For example, when you respond quickly to a baby's cries for food, you reassure her that you will be there when she needs you.
- When you interact with children, be attentive, considerate, encouraging and respectful. This will not only build a strong relationship, but you will be modeling the way you want them to treat you and others. For example, thank children for helping you, just as you want them to thank you.
- Demonstrate positive behaviors such as negotiating, cooperating and being conscious of others' feelings and needs. Explain what you are doing, such as "I'm sharing with Jamie because he wants to use the blocks also."
- Recognize each child's individual personality and temperament, and let them know you value them for who they are. For example, tell a shy child "I know that you like time to warm up before you talk to new people, and that's okay."

When you build a strong, trusting bond with young children, you help give them confidence and a sense of identity that will last far beyond their early years. And you also have the opportunity to create wonderful relationships with children and memories which will stay with you long after they have moved on to grade school. ◆

Resource

Secure Relationships: Nurturing Infant/Toddler Attachment in Early Care Settings, Alice Sterling Honig, National Association for the Education of Young Children, 2002.

STAFF HEALTH

Meeting the Legal Requirements

by Gail D. Gonzalez, RN, CCHC

Ensuring your employees a healthy and safe place to work is not only right and fair, but it is required by law. Those of us in child care think that we are in compliance with the law if we follow licensing regulations, but that is not necessarily true. There are local, state and federal laws pertaining to businesses. There are also Cal-OSHA (California Division of Occupational Safety and Health) regulations, which apply to any owner, company or agency that employs one or more people.

State law requires employers to advise employees of existing or potential occupational hazards and develop a plan to reduce the risk to employees. Child care employees are at risk for contracting communicable diseases, suffering from muscular sprains and strains, and being exposed to chemicals such as disinfectants, art supplies and latex.

The law further requires that there be two-way communication between supervisors and employees regarding the safety and health of the employees. This might be a bulletin board with helpful reminders to employees and a suggestion box with thoughtful ideas to employers.

In child care, most employees are required to provide first aid (and thereby handle body fluids) as part of their job. They are subject to the requirements concerning blood-borne pathogens (those germs which are carried in the blood and other fluids of humans and have the capability of passing to others, causing serious illness). Employers are required to offer immunization against Hepatitis B at their own cost to

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NUTRITION

How You Can Support Breastfeeding Mothers and Infants

by Robin Calo, RN, MS, PNP

Research shows that breastmilk is the ideal food for baby's digestion, brain development and growth. In the child care setting, breastmilk provides optimal nutrition and a link between the mother and her infant while they are separated. By leaving her pumped milk with her baby's child care provider, a mother is comforted by the fact that she is leaving both food and a part of herself with her baby each day.

As a child care provider, you play a crucial role in maintaining the breastfeeding relationship between the mother and her infant. There are a number of ways that you can help to sustain the breastfeeding relationship:

Let the mother know you support her feeding choice.

Meet the baby's feeding needs.

- Ask what the parents feed their baby. Many parents want their baby to have breastmilk only, while others give their baby both breastmilk and formula.
- Follow the parents' wishes. Parents will know you support their feeding choice when their baby is fed according to their instructions.
- Invite the mother to visit the baby during the day to nurse. This will help her to maintain her milk supply and have time with her infant.
- Time feedings to fit the mother's schedule. Whenever possible, avoid feeding the baby less than an hour before mom is due to arrive at the end of the day so the baby is ready to nurse when she arrives.
- When a mother comes to pick up her baby, offer her the opportunity to nurse before they go home.
- Whenever possible, provide a quiet place for nursing mothers to breastfeed.

Know how to handle and store breastmilk.

- **Preparation:** Before a feeding, warm refrigerated or frozen milk in a dish with warm tap water or hold it under running water for a few minutes. **Never** heat breastmilk on the stove or in a microwave. Excessive heat destroys the unique components of breastmilk. Give the bottle of breastmilk a **gentle** shake to mix the layers before feeding. Discard any breastmilk left out of the refrigerator for an hour or more, and any that is left in the bottle after a feeding.
- **Storage:** Have parents store breastmilk in plastic bottles clearly labeled with baby's name and the date it was collected. Breastmilk can be kept in the refrigerator for 48 to 72 hours and in the freezer for up to three months for newborns and up to six months for older infants.

For more information, call the California Childcare Healthline at (800) 333-3212. ◆

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American Academy of Pediatrics at www.aap.org.

Florida Healthy Mothers, Healthy Babies (800-451-BABY); Division of Maternal Child Health, Public Health Service, Department of Health & Human Services.

Lawrence, Ruth. Breastfeeding: A Guide for the Medical Profession. 1999. Mosby, Inc.; St. Louis, Missouri.

PUBLIC HEALTH

—Can You Find the School Nurse, continued from page 1

Complete your assignments. Ensure that the school has your current emergency contact information. Provide a current immunization record and keep it updated. Work with your child's medical provider to complete or update a comprehensive special care plan if your child requires medications, medical procedures or any other special care, and update it annually or whenever your child's condition or medication changes.

Pay attention and ask questions. Be alert for signs that your child's special care plan is not being implemented or monitored. Do you get good answers to your questions or does it feel like people are guessing? Do your questions get referred to multiple individuals before someone can answer? Are health issues addressed in newsletters, on bulletin boards, or at parent meetings?

Take an active role. Establish relationships with the nurse, health aide and school clerks. Make sure they know you want to be kept informed and involved. Offer to help arrange staff training in first aide, CPR, infection control and food safety. Provide educational materials on topics that affect your child's health. Speak up if things don't seem to be addressed appropriately.

Don't drop the ball. When you identify gaps in services or protocols, bring it to the attention of the school principal and board of education. In times of scarce resources, it's essential to advocate for services that are important to you and perhaps lifesaving for children.

Visit the California School Nurses Association at www.csno.org to learn more about the state of student health services in California schools and complete a survey which will be used to promote awareness of school health issues. You can help make "back-to-school" healthy and safe for all children. ◆

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Does Your Child Have a Learning Disability?

by Rahman Zamani, MD, MPH

If your child is having difficulties in learning to read, write, spell or calculate, it doesn't mean that he or she is not intelligent. The problem may be a learning disability. According to the U.S. Department of Education, more than one in six children (17.5 percent) will encounter a problem learning to read during the first three years in school. Currently, 2.8 million students are receiving special education services for learning disabilities in the U.S. public schools.

What is a learning disability?

Learning disabilities refer to a number of disorders that may affect a person's ability to acquire, understand, organize, store or use verbal or non-verbal information. These disorders affect learning in individuals who generally have average or higher than average intelligence. They affect both children and adults, and seem to be more common in boys than girls.

There are many reasons why children may not be able to learn. Learning disabilities are **not** the same as mental retardation, poor motivation, attention deficit/hyperactivity disorder (AD/HD), autism, hearing, vision or emotional problems.

What causes learning disabilities?

Although in many cases we don't know exactly what causes learning disabilities, experts believe that these difficulties are the result of abnormalities in the structure and function of the brain or central nervous system. Some factors that may influence or cause these abnormalities are:

- ***Inheritance or genetics.*** Learning disabilities tend to run in families.
- ***Problems during pregnancy and child birth.*** Illness or injury during or before birth, use of drugs or alcohol during pregnancy, premature or prolonged labor, lack of oxygen or low birth weight can contribute to learning disabilities.
- ***Incidents after birth.*** Some learning disabilities may be caused by head injuries, poor nutrition, lead poisoning and child abuse.

What are the early warning signs?

While early attention and careful observation can make a difference in recognizing a problem and ensuring the best possible outcome, parents and educators should not make quick judgments. It's important to be aware of the potential risk of mislabeling a child as having a learning disability. A careful evaluation by the school and if necessary a developmental specialist will help insure a proper diagnosis. This will help the child obtain the services or assistance needed to support his or her ability to learn and maintain a healthy self-esteem.

Learning disabilities range in severity and may affect one or more of the following areas:

- ***Language:*** Difficulty in learning oral language (listening, speaking, understanding); reading (phonetic knowledge, word recognition, comprehension); written language (spelling, written expression); and mathematics (computation, problem solving).
- ***Motor:*** Difficulty in manipulating small objects, poor balance, poor sense of personal space, and awkwardness with jumping, running or climbing.
- ***Social:*** Difficulty in social interactions, sudden and extreme mood change, frequent crying.
- ***Cognitive:*** Difficulty in understanding cause and effect, basic concepts of size, shape, colors, and poor organizational skills.

If you suspect your child has a learning disability, contact his or her health care provider to find out whether or not the proper developmental milestones are being met. Children who are considered to be at risk, or suspected of having learning disabilities, need to be evaluated by a multidisciplinary team including educators, psychologists and physicians. Such evaluation can be arranged through the public school system at no cost to the family.

Treatment of children with learning disabilities

Each child's needs are different, and the Individuals with Disabilities Education Act (IDEA) requires that all children with learning disabilities have the right to free public education that meets their special needs. The management of a child with learning disabilities requires an individualized, multi-disciplinary approach for diagnosis and treatment. ◆

Resources

The American Academy of Pediatrics, www.aap.org/policy/re9825.html.

National Center for Learning Disabilities, (888) 575-7373; www.ld.org.

The Charles and Helen Schwab Foundation, (650) 655-2410; www.schwablearning.org.

The National Information Center for Children and Youth with Disabilities, (800) 695-0285; www.nichcy.org.

Reporting Injuries

Injury reporting is an important way to improve individual child care programs as well as make changes in child care on a larger scale. However, reporting is often overlooked and neglected. A clear plan for reporting and an understanding of why it is important makes this task easier for everyone.

What kinds of injuries happen in child care?

No matter how careful you are in planning your environment and supervising children's activities, some injuries are bound to happen. The most common injuries that occur in child care are:

- minor injuries such as cuts, scrapes, bruises and finger pinches from incidents such as bites or falls;
- severe injuries such as head injuries, broken bones, internal injuries, dislocations or dental injuries;
- poisoning;
- drowning;
- burns; and
- choking and suffocation.

Falls are the leading cause of serious injuries, with most injuries taking place on the playground.

What is injury reporting?

Injury reporting means keeping track of the injuries that happen in your child care program. You should make three copies of the information you record: one is given to the child's parents, one is placed in the child's file, and one is kept in a chronological injury log. You will need one additional copy to send to your state licensing agency if required. In the case of suspected child abuse, you will need to report to your local Child Protective Services agency as well.

Every child care facility should have an injury reporting form. Copies are available from the Healthline at (800) 333-3212. The form should include room for basic information about the child, a description of the incident and the injury, and the care provided or measures taken. It should always be signed by a staff member.

What kinds of injuries do I report?

Within your own child care program, you should record any injury that requires first aid, such as a bandage or a cold compress.

State licensing agency requirements for reporting injuries are different in each state, so you will need to contact your own state licensing agency to find out what yours are. In general, you will need to report injuries that require medical treatment beyond first aid.

How will parents and state licensing respond to my injury reports?

Some child care providers worry that by reporting injuries, and especially by keeping track of them on forms, they will get into trouble. They are afraid that by giving parents a form describing the injury, they will bring too much attention to what was just a small incident. They may also worry that by reporting injuries to their state licensing agency, they will look careless or negligent.

In reality, both parents and state licensing know what all child care providers know—that children are active and no amount of childproofing and supervision can prevent injuries entirely. Planning for injuries shows that you are responsible, and reporting them is a good tool for communication with parents and families. Reporting injuries should be part of your overall plan to keep children safe while they are in your care, along with measures like covering unused electric outlets, keeping sharp objects out of reach, and having appropriate fall surfacing under playground structures.

How will reporting injuries help my child care program or others?

By recording the injuries that happen in your program, you can look for patterns caused by hazardous conditions and spot problem areas before they cause serious injury. For example, if a tree root has cracked and raised the cement in your playground, children may trip over the crack every few days, causing a series of scraped knees and elbows. If you track these injuries with a reporting form, you will notice that they keep happening in the same area, and can investigate and repair the problem before a more serious injury happens.

In this same way, reporting injuries to your state licensing agency helps all child care programs to be safer. When statistics on injuries are compiled by a central source, health care researchers can see trends in injuries. Researchers may notice that a certain kind of playground equipment causes more injuries than others, and can alert all child care programs. If no one reports injuries, then the same kinds of accidents will continue to occur in all programs, because no one is sharing information. Sometimes even one reported injury, if it is very severe or could have been very severe, can be enough to start a recall.

Through injury reporting, you may also notice if a particular child is having repeated injuries. This may be a cue that the child has a problem such as improper foot positioning, balance difficulties, or vision issues which should be investigated by a physician.

Should I report staff injuries?

Reporting injuries that happen to staff members is just as important as reporting those that happen to children. You and your staff deserve a safe and healthy work environment, and reporting your own injuries will help you correct problems sooner. In addition, Occupational Safety & Health Administration (OSHA) requires occupational health exams for injuries and claims. The most common injury to child care workers is back injury, usually caused by lifting children, uncomfortable work surface heights, and other correctable causes. If a staff member hurts her back while changing diapers, perhaps the height of the changing table should be considered. If a staff member's back hurts because he has been sitting on the floor reading to children without a back support, a chair could solve the problem. If you don't record injuries when they happen, some of these problems may go unnoticed and unresolved.

What about injuries that happen outside of my care?

In general, you do not need to report injuries to children if they don't happen while they are under your care. The exception is when you suspect that a child in your care is being physically or sexually abused or neglected. In that case, you are required by law to immediately report your suspicion to the local child protective services agency, no matter where the abuse occurred.

If you notice that a child already has an injury upon arrival at child care, ask the parents what happened and document the injury in your injury log. This will protect you, and help you track if the child is having repeated injuries outside of your care, which may indicate medical problems, neglect or abuse.

How can I talk to parents about injury reporting?

Talk to parents about injury reporting when they first enroll their child in your program. As you are asking them to fill out forms about their child's medical history and their emergency contact information, show them the injury reporting forms and let them know you will document any injuries, no matter how minor. Explain that this helps you continue to improve your child care program and catch potential problems early. Parents will be reassured that you are prepared, and won't be surprised to see an injury report if their child does get hurt.

Resources

Call your licensing agency for your state's specific reporting requirements.

National Center for Injury Prevention and Control at www.cdc.gov/ncipc.

National Resource Center for Health and Safety in Child Care at 1-800-598-KIDS or http://nrc.uchsc.edu.

By Eva Guralnick and Rahman Zamani, MD, MPH, California Childcare Health Program, July 2002.

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Child Passenger Safety

by Eva Guralnick

According to the Centers for Disease Control, the leading cause of death for children ages 1 to 14 is motor vehicle crashes. The good news is that there is a lot we can do to make children safer when they ride in cars, and as a child care provider you are in a perfect position to model safe behavior and spread the word about passenger safety to parents.

You may make many car trips in your program or just a few, but every time you take children out in a motor vehicle make sure they are properly restrained in safety seats that are appropriate for their age and size. Talk to parents about the precautions you take to ensure the safety of their children. You may want to offer to check their safety seats to make sure they fit properly and are being used correctly. You may also want to schedule car seat safety workshops and have a local expert give a talk on safety.

There are many resources that can provide you with excellent information on car seat safety. Here are just a few:

Safely on the Move is available toll-free at (866) 700-SOTM or online at www.safelyonthemove.sdsu.edu. Staff members can answer your questions.

Car Safety Seats: A Guide for Families 2002 is online at www.aap.org/family/carseatguide.htm.

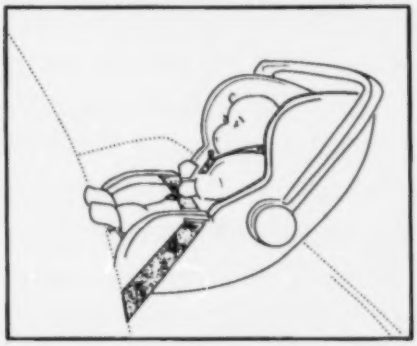
Fit for a Kid at www.fitforakid.org provides contact information for car seat resources.

The National Safe Kids Campaign has information on car safety as well as other safety issues at www.safekids.org.

The National Highway Traffic Safety Administration has a wealth of information on car safety for children at www.nhtsa.dot.gov.

SafetyBeltSafe at www.carseat.org is a great car safety resource.

Boost America at www.boostamerica.org is a highway safety campaign designed to send the message to parents and children that booster seats are the safe and fun way to ride in a vehicle. ◆



Stop, Look and Listen: Pedestrian Safety for Young Children

by Judith Kunitz, MA

Each year, 11,000 pedestrians younger than 6 are killed or injured in pedestrian traffic accidents in the United States. Preschool-age children are most often hurt or killed as pedestrians by darting out into the street, crossing in the middle of the block or having a vehicle back over them in a driveway or alley.

A number of factors cause pedestrian accidents of young children:

- Young children believe if they can see a driver, a driver can see them and stop instantly.
- They have difficulty judging how fast traffic is moving and cannot precisely tell where traffic sounds come from.
- Their small size makes it difficult for drivers to see them.
- Young children focus on one thing at a time, can be easily distracted and don't always recognize danger or react to it.

Child care providers and parents often overestimate children's ability to safely cross the street. Experts agree that very few children under the age of 9 are cognitively able to safely cope with traffic. It takes time for children to develop traffic safety skills. Repetition is the key to teaching young children the importance of pedestrian safety. Make every neighborhood walk and field trip a traffic lesson by paying attention to the following points:

- Model safe pedestrian behavior.
- Designate safe play areas away from the street and driveway.
- Talk about stop signs and traffic lights.
- Use teachable moments whenever they occur.
- Always stop at the curb or edge of the roadway.
- Check for parked cars that may be ready to move.
- Look LEFT, RIGHT and LEFT again before crossing the street.
- Cross only when the street is clear of traffic.
- Keep looking for cars as you cross.
- BE SAFE, BE SEEN.

Teach and practice safe walking habits. Our children depend on us! ◆

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A Day in the Life of a Child Care Health Consultant

by Eva Guralnick

Brenda Harris, RN, a Public Health Nurse and Child Care Health Consultant for Siskyou County, California, spends a lot of time in her car these days. Siskyou is a remote, sparsely populated and economically depressed county, and some of the sites she visits as a Child Care Health Consultant are hours apart from each other.

Harris' day starts at 7:30 a.m. when she gets in her car. She arrives at her first child care site around 9 a.m., where she'll spend two hours or so. After another half-hour drive to a second site for another site visit, she meets with staff and then eats her lunch in the car on the road. She makes several home visits in the afternoon as part of her Public Health Nurse duties, and finishes the day documenting and charting in her office. The drive is a hot and humid trip through the farmlands and mountains in the summer; in the winter, extreme weather conditions keep Harris from making many of her visits. It's a far cry from the typical day of an urban Child Care Health Consultant, whose centers may be only minutes apart.

The population of Siskyou County is only 44,000; the largest city, Yreka, boasts only 7,500 people. Most communities have fewer than 500 residents. Farming and timber have been hit hard recently, and many workers have left the area. The population is diverse, including large Hispanic and Native American communities at opposite ends of the county. Residents and centers are struggling to make ends meet.

Harris divides her day equally between her duties as a Public Health Nurse and her newer role as a Child Care Health Consultant, a position which she started in March and shares with another staff member. She has received a warm welcome from the 12 child care centers and two home-based programs she visits in her new role as a Child Care Health Consultant. "They seem very open to us coming in," she said. "They're extraordinarily busy, which we definitely respect. So far we've been assessing immunizations, observing, and asking the providers if they have any concerns about individual children or about their center."

One of the first issues Harris has noticed is that child care providers are reluctant to talk with parents if they have behavioral concerns about their children. "They're afraid that if they make a referral to our behavioral specialist it will jeopardize their relationship with the parents," said Harris. "It's very understandable, because they think the parents will take their kids out of the program if they say anything."

Harris has a particular interest in prevention of child abuse. "I want to get in there and do preventative work," she said. "And I also want to help prepare these kids for school so they can be more successful in life, and be safe and healthy. I truly believe in prevention, and nipping problems in the bud." ◆

Children are likely to live up to what you believe of them.

–Lady Bird Johnson

Welcome New Staff Members

We are pleased to announce that CCHP has two new employees on the Child Care Health Linkages Project. Welcome, Robin and Sharon!

Robin Calo, PNP MSN is the new Child Care Health Linkages Coordinator. Robin has extensive experience in perinatal services, community outreach and parent education. In addition to acquiring clinical experience in NICU (Neonatal Intensive Care Unit), Well-Baby Nursery, and Post-Partum areas, Robin has devoted a considerable portion of her career to educating parents and care providers. She spent the last several years managing the Parent Education and Breastfeeding Support (she's a certified lactation consultant) Programs at Alta Bates Medical Center in Berkeley. Robin has presented on a wide variety of topics, from "Building Your Child's Self-Esteem" to "Coping with a Crying Infant."

"Now that I have joined the staff of CCHP, it is becoming clearer each day that I have joined a team of talented and committed professionals," said Robin. "The work that has been done by this team and the work to come is of vital importance to the child care providers, families and children of California. It is an effort I am proud to be part of."

Sharon Douglass Ware, RN, MA is our new Child Care Health Consultant/Nurse Educator. She is moving to the Bay Area from Tulsa, Oklahoma, where she has been a Child Care Health Consultant for seven years and is a graduate of the National Training Institute for Child Care Health Consultants. Sharon is one of those rare individuals who combine education and experience in both health care and child development—in addition to her

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EVENTS

September

Sep 23-25
Building Community to Improve Health.
Sacramento, (415) 616-3930; www.sierrahealth.org.

Sep 23-25
Injury Prevention: Making it Happen.
Sacramento, (619) 594-3691; www.cipp.org.

Sep 24-28
Seventh International Conference on Family Violence.
San Diego, (858) 623-2777 x 427; www.fvsai.org.

Sep 28
17th Ann. Regional Conference on School-Age Child Care.
Long Beach. Pfisher@lbcc.cc.ca.us.

October

Oct 9-11
Public/Private: Making Children a Community Priority.
San Diego. Child Welfare League of America, (202) 638-2952; www.cwla.org.

Oct 11-13
Cal. Assoc. for Family Child Care Semi-Annual Conference
Workshops in English, Spanish, and Chinese. Sacramento. (415) 333-9169; www.cafcc.org/b0010.html.

Oct 12
Golden Hills Association for the Education of Young Children Seventh Annual Conference.
Redwood City. (650) 655-6770 x 226; www.sanmateoAEYC.org.

Oct 15-18
11th Annual Child Care Food Program Roundtable.
Anaheim. CCFP, (925) 686-0522; www.ccfproundtable.org.

Oct 27-29
California Child Care Resource and Referral Network Conference.
Monterey, (415) 882-0234; http://rrnetwork.org.

PRODUCT WATCH

Recalls and Product Alerts

Below is a summary of items recalled voluntarily and preventively. As always take the recalled item out of circulation and contact the appropriate company to find out about replacements, parts, refunds or other instructions.

Recalled Item	Defect	Contact Information
Tot Wheels V and Convertible Entertainer children's activity centers	The toy track can break, presenting a cut or pinch hazard; exposed small parts pose a choking hazard.	Graco (800) 673-0392 www.gracobaby.com
Little Wooden Push Cars	A child can pull the horn off the steering wheel, and a small part inside poses a choking hazard.	Radio Flyer Inc. (800) 621-7613 www.radioflyer.com
Pop 'n Scoot Ride-on toys	Young children who lean forward can fall over the handlebars, causing facial injuries.	Little Tikes Company (866) 765-6729 www.littletikes.com
Kolcraft's Jeep® Cherokee stroller	The steering wheel can break away from its base, allowing pieces to come off, posing a choking hazard.	Kolcraft (800) 453-7673 www.kolcraft.com
Duckie Ring rattle/teethers	The rattle may break, causing small beads to fall out, which present a potential choking hazard.	Prestige Toy Corp. (888) 268-8999
Safety 1st and Beatrix Potter "Designer 22" infant car seats/carriers	When the seat is used as a carrier, the plastic handle can unexpectedly release from the carrying position.	Dorel Juvenile Group, Inc. (800) 536-1090 www.djgusa.com
Firestorm and Skyblazer toy planes	The plastic air intake chamber of the air-powered toy planes can burst, throwing plastic pieces, posing a laceration hazard.	Spin Master Toys (800) 622-8339 www.spinmaster.com

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Children's Issues to the Forefront

Report Card Identifies Pro-Children Lawmakers

The Children's Defense Fund (CDF) publishes a score card of federal legislators each year, based on lawmakers' voting records on legislation affecting children as well as their support of the CDF-sponsored *Act to Leave No Child Behind* (S. 940/H.R. 1990).

While the 2001 results give California's delegation a mediocre score (60 percent average and number 18 ranking), many of the state's individual legislators scored very high. Senators Boxer and Feinstein each scored 91 percent, falling short of 100 percent because neither (yet) co-sponsors the Act. Ten California representatives made it onto CDF's list of 48 "Best House Members for Children" by scoring 100 percent. Unfortunately, 11 made it onto the list of 95 "Worst Members" by scoring under 10 percent. Full results and more information about the Act are available at www.cdfactioncouncil.org.

Upcoming Bills Support Children's Issues

Here are details on just two of several bills related to children's issues. If you are interested in supporting them, contact the office of the sponsoring representative.

AB 2741 (School Readiness and Health Council) This bill by Assembly Majority Leader Wilma Chan (D-Oakland) would create a School Readiness and Health Council. The Council, operating within the state Health and Human Services Agency until June 30, 2004, would promote coordination of services among disparate providers and funding sources, determine the feasibility of creating a permanent department of children's services, and explore how the child care and education communities might better assess health issues that undermine student achievement. For information on the bill visit www.assembly.ca.gov.

AB 2811 (Child Development Grant Program) Introduced by Assembly Member Carole Migden (D – San Francisco), this bill would extend the existing Child Development Teacher and Supervisor Grant Program beyond its original end date of June 2002. The program provides grants of up to $2,000 per year for students who intend to teach or supervise in a licensed child care facility. For information about the grants, call (888) 224-7268, choose option #3, and request an application. ◆

–Meeting the Legal Requirements, continued from page 3

any employee who handles body fluids, and employees are required to follow standard precautions and other measures to decrease their exposure to body fluids. In order to clarify and increase understanding of the risks and requirements, the regulations mandate annual training to all employees about blood-borne pathogens.

There are a number of useful resources for employers and employees:

- Cal-OSHA offers greater detail on the law and regulations for employers at their Web site at www.dir.ca.gov/occupational_safety.html.
- Your Worker's Compensation Insurance carrier can provide resources and materials to help you learn about employee health and safety.
- Child Care Health Consultants are capable of training groups of child caregivers about blood-borne pathogens in the child care workplace.
- Healthline nurses can provide written materials to employers and employees alike, and are available at (800) 333-3212. ◆

–Welcome New Staff Members, continued from page 9

education in nursing, Sharon's master's degree is in education, with an emphasis in curriculum development. Most recently she worked as a Child Care Health Consultant with Child Care Resource Center's "Success by Six Program" in Tulsa. In addition, she has assisted with the training of other CCHCs in the state of Oklahoma through the State Department of Health and has been a key advocate for implementing the role of CCHCs in Oklahoma. Sharon is a graduate of the National Training Institute for Child Care Health Consultants at the University of North Carolina, Chapel Hill.

"I think the relationship between myself and CCHP is a natural fit and I am looking forward to becoming part of this innovative team," said Sharon. "I see this as position as a special opportunity to work with leaders in the field of health and safety in child care."

In other news...

Abbey Alkon, RN, PhD has been asked to work with a committee of three pediatricians to write an online continuing education course for Pediatric Practitioners for PediaLink, an Amercian Academy of Pediatrics online continuing education program.

The Linkages Project, funded by the California Children and Families Commission, has been approved for a continuation grant covering July 1, 2002 to June 30, 2004. We will continue our subcontract with the same 21 counties for two more years and look forward to supporting these innovative and important programs. ◆

Need a free telephone consultation on health and safety in child care? Call the Healthline at (800) 333-3212

Online Health Resources for Children

America's Children: Key National Indicators of Well-Being 2002, provides statistics on children's economic security, health, behavior and social environment, and education. Order contact (888) 275-4772; online at **http://childstats.gov/americaschildren.**

Child Trends Databank provides information on national trends and research on key indicators of children's well-being, including social and emotional development, family income, and education. Information is available online at **http://www.childtrendsdatabank.org.**

Ready Web, from the ERIC Clearinghouse on Elementary and Early Childhood Education, compiles resources for parents and educators on school readiness, including tips, research, and statistics. Online at **http://readyweb.crc.uiuc.edu.**

Obesity Epidemic: How States Can Trim the "Fat," from the National Governor's Association Center for Best Practices, profiles strategies used by states to address childhood obesity—including efforts to promote healthy eating, increased physical activity, and healthy community design. Also profiles public education and health programs. Online at **http://www.nga.org/center/divisions/1,1188,C_ISSUE_BRIEF^D_3878,00.html.**

Asthma Services in California, from the California Department of Health Services, compiles a list of asthma programs and services for each county. Online at **http://www.dhs.ca.gov/ehib/ehib2/topics/Asthma_Services.htm.**

Preparing Children to Learn examines the relationship between a child's health and their readiness for school and academic achievement. Free. Select Committee on California's School Readiness and Health, Office of Assemblymember Wilma Chan; (510) 286-1670; online at **http://democrats.assembly.ca.gov/members/a16/selectcom/Publications/SelectCommitteeReportChildrenHealthweb.PDF.**

Learn About Chemicals Around Your House with an interactive house tour about household products that may contain harmful chemicals. Also has fun "puzzlers" for kids and information on pesticides and what to do if there is an accident. Environmental Protection Agency, online at www.epa.gov/opptintr/kids/hometour/index.htm.

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CALIFORNIA CHILDCARE HEALTH PROGRAM

Child Care Health Connections

A health and safety newsletter for California child care professionals

Published by the California Childcare Health Program (CCHP), a program of the University of California, San Francisco School of Nursing (UCSF)

November–December 2002 • Volume 15 • Number 6

Our New Web Address

Update your bookmarks! CCHP has moved our Web site address to:

www.ucsfchildcarehealth.org

The look and feel of our site will remain the same.

We hope that you are a frequent visitor to the site, which is packed with information specific to health and safety issues in child care. Our materials will help you do your job, whether you work in a child care facility or consult with those who do. You can download lots of helpful information in easy-to-read and easy-to-distribute formats, including health and safety notes, past issues of the newsletter, and information on our programs.

Our email addresses have changed as well. All names are the same, but we're now all @ucsfchildcarehealth.org.◆

Need a free telephone consultation on health and safety in child care? Call the Healthline at (800) 333-3212

West Nile Virus Update

by Robin G. Calo, RN, MS, PNP

In the last three years the West Nile virus has been reported in 43 states and the District of Columbia. However, since the first California case was diagnosed in August 2002, there has been a lot of discussion of the virus in the local media. You and the families of children in your program may be concerned about the virus, especially if you are located in an area with a lot of mosquitos. The facts about the virus are much less alarming than you or they might think.

How is the West Nile virus transmitted?

The virus is transmitted by mosquito bites to humans, many types of birds, and other animals. Humans cannot catch the virus from animals.

How serious is the illness caused by the virus?

The illness can be mild with flu-like symptoms such as fever, headache and body aches, or it can cause encephalitis (inflammation of the brain) and death. Less than 1 percent of the bites from infected mosquitoes can cause severe disease, so the risk of contracting the virus or becoming seriously ill from it is very low.

Who is the most likely to get seriously ill?

Immunocompromised adults (people with lowered immune systems) and people over 50 are the most likely to develop serious illness. Children rarely become sick.

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Child Care Health Connections©

Child Care Health Connections is a bimonthly newsletter published by the California Childcare Health Program (CCHP), a community-based program of the University of California, San Francisco School of Nursing Department of Family Health Care Nursing. The goals of the newsletter are to promote and support a healthy and safe environment for all children in child care reflecting the state's diversity; to recreate linkages and promote collaboration among health and safety and child care professionals; and to be guided by the most up-to-date knowledge of the best practices and concepts of health, wellness and safety.

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Subscriptions, renewals, inquiries and reprint inquiries: please contact Maleya Joseph at mjoseph@ucsfchildcarehealth.org or at (510) 281-7938.

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Information provided in *Child Care Health Connections* is intended to supplement, not replace, medical advice.

Visit us on the Web:
www.ucsfchildcarehealth.org

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ASK THE NURSE...

Water Temperature: Too Hot or Not Hot Enough?

by Susan Jensen, RN, MSN, PNP

Q: As a child care provider I am concerned about water temperature safety. How can I provide the safest environment possible for the children?

A: The safety of water temperature in a child care setting is important because tap water burns are the leading cause of nonfatal burns in children under 5 years of age. A difference of only a few degrees of water temperature can give you time to prevent a child from being seriously injured.

How important is water temperature?

Water heated to 140° F takes only six seconds to burn the skin, while water at 130° F takes 30 seconds to burn the skin. By comparison, water heated to 120° F takes two minutes to burn the skin, which allows significantly more time to remove a child from a hot water source and avoid a burn.

Do you know the temperature of your hot water? Community Care Licensing Child Care Center Regulations (101239e) require that "hot water temperature controls shall be maintained to automatically regulate temperature of hot water used by children to attain a temperature of not less than 105° F and not more than 120° F. Taps delivering water at 125° F or above shall be prominently identified by warning signs."

There are no specific regulations regarding water temperature safety for Family Child Care Homes or Infant Centers, but these guidelines will help keep the children you care for safe.

Guidelines for making your site safer

- Adjust the thermostat on your water heater to 120° F. Call the gas company if you need help.
- To see how hot your water is now, use a candy or meat thermometer directly under the tap. The best times to check are either first thing in the morning or after at least two hours of use.
- There is no "magic number" for bath water temperature, but bath water should be slightly warmer than room temperature. Run cold water first and last when putting water in the tub to avoid scalding and **always** check water temperature with your elbow before putting a child into the tub.
- Turn hot water off completely in areas where children have easy access.

For more information and answers to commonly asked questions and concerns visit the Web sites below or call the Healthline at (800) 333-3212. ◆

Resources

www.cpsc.gov/cpscpub/pubs/5098.html.
www.parenting.org/archive/precious/safety/Jan02_burn_safety.asp.

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INFANT/TODDLER CARE

Parent-Caregiver Partnerships: A Team for Children

by Mardi Lucich, MEd

A strong partnership between caregivers and parents is an essential ingredient in quality care, where caregivers, parents and children all benefit. Caregivers and parents play important but different roles in the child's life, and the stronger their partnership is, the stronger the program will be and the more comfortable everyone will feel. This partnership requires cooperation, respect, and above all, working towards the mutual goal of doing what is best for the child.

Building strong partnerships with parents doesn t have to be a difficult process. Here are some tips that will get you started:

- **The first time you meet with parents, share your child care philosophies and goals with them.** Your first meeting will set the tone for the rest of your relationship. This is the time when together you can explore whether the program and family's needs match, and will also give you an opportunity to introduce the idea of a partnership.

- **Practice good communication.** Speak to parents daily, creating an atmosphere of open communication that helps them feel welcomed and valued. Once a week try to spend some extra time connecting with them, perhaps over a cup of tea if time is available. Share some personal observations about their child, such as "Juan is really learning how to share with the other children."

- **Listen carefully.** When parents speak to you, listen actively, paying polite attention to their messages, both spoken and unspoken. Respond honestly and sensitively. Let parents know you really are interested in what they think.

- **Encourage families' involvement** through different kinds of formal and informal activities such as fundraising events, parent committees, facility renovation projects, etc. Plan opportunities that include the whole family, such as a weekend picnic or celebration pot-luck dinner. Remember that there are many ways to be "involved." Allow parents to choose the type and level of participation that works for them, and if some parents choose not to participate, do not take this to mean they don't care about their child.

- **Be aware of, explore and accept your own personal feelings, values and beliefs**, especially those which affect the way you care for children. This includes being aware of how your past influences your present attitudes and preferences. Share your feelings with others to get their perspectives on a situation.

- **Create an environment that accepts, supports and reflects the diverse cultural, linguistic and needs backgrounds of the families in your program.**

Developing a caregiver-parent partnership focused on maintaining a spirit of cooperation and trust between caregivers and families is a team effort that takes time and energy, but it is incredibly worthwhile. ◇

HEALTH TIPS

Food Safety

Contaminated food causes a large number of illnesses and deaths in people of all ages, but children are particularly at risk of illness from many kinds of food-borne germs. There are many ways to protect children from infection and disease that can be caused by contaminated food. Here are some preventative measures recommended by the American Academy of Pediatrics' Committee on Infectious Diseases:

Make sure that all milk, cheese and packaged fruit or vegetable juices you serve children are pasteurized. Pasteurization is a method of preserving food by heating it to a point which kills harmful organisms but does not harm the flavor or quality of the food.

Do not feed children raw or undercooked eggs, as they can cause severe salmonella disease.

Thoroughly cook all meat served to children. Children should not eat raw or undercooked meat or meat products, as they have been associated with disease. Knives, cutting boards, utensils and plates used for raw meats should not be used for preparation of any food until the utensils have been cleaned properly.

Do not serve children alfalfa sprouts. There have been confirmed cases of persons contracting *E. coli* from raw alfalfa sprouts.

Wash fresh fruits and vegetables thoroughly. Also make sure that the knives, cutting boards, utensils and plates you use to prepare them do not have raw meat juices on them.

Do not serve children raw shellfish or fish.

Do not give honey to children younger than one year of age unless it is certified free of *Clostridium botulinum* spores. ◇

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PUBLIC HEALTH

Poor Oral Health in California Children Raising Concerns

by Sharon Douglass Ware, RN, BSN, MA

Oral health is a growing concern among health practitioners as well as early childhood educators. Oral problems in children include dental caries or tooth decay, dental injuries, and problems with facial structure (craniofacial abnormalities). However, the major public health concern is untreated dental disease and pain related to dental caries or tooth decay. In his May 2000 report, Surgeon General David Satcher, MD, stated "there are profound and consequential disparities in the oral health of our citizens...a 'silent epidemic' of dental and oral diseases..." He lists tooth decay as one of our nation's leading public health problems.

Low-income children miss nearly 12 times as many school days because of dental problems than do their higher-income peers. In California alone, 14 percent of the preschool population suffers from early childhood dental caries. And unfortunately, there is a great disparity among minority populations, with 44 percent of Asian children and 39 percent of Latino children suffering from dental caries.

There are many reasons why dental disease is problematic. Communities where fluoride is not in the drinking water are at great risk, and 70 percent of the California water supply is unfluoridated. Only 10 percent of California 8-year-olds get sealants for their permanent molars, and 25 percent of preschool and elementary school age children living in California have no dental insurance. There is also a tremendous lack of pediatric dentists statewide.

Some counties are attempting to address the dental health issues affecting their young children. For instance, Kern County, located in the Central Valley, has developed a Dental Health Network in which oral screening and oral health education occurs in school. They have collaborated with Taft College's dental hygiene students, under the supervision of Stacy Eastman, DDS, to provide professional dental cleanings and application of topical fluoride to protect children's teeth from decay. At the beginning of the program the amount of plaque on children's teeth is measured. After dental education is provided to child care providers, teachers, parents and children, along with a cleaning and brushing program in school, the plaque index has decreased by 40 percent. This program has been highly successful in increasing the oral hygiene of Kern County children.

Health professionals and early childhood educators are encouraged to take notice of the oral health needs of young children. There is much that you can do, and resources are always available, starting with the CCHP Healthline at (800) 333-3212. Also, mark your calendars—Friday, February 21, 2003 is National Children's Dental Access Day, where dentists across the country will be providing free oral health care services to thousands of low-income children. Contact the American Dental Association at www.ada.org for further information. ◆

References

Surgeon General David Satcher, Oral Health in America: A Report of the Surgeon General, May 2002. www.surgeongeneral.gov/library/oralhealth/default.htm.

United States General Accounting Office, Report to Congressional Requesters, Oral Health: Dental Disease is a Chronic Problem Among Low-Income Populations. www.gao.gov/new.items/he00072.pdf.

HEALTH ISSUE

Health and Safety Education

by Judith Kunitz, MA

Health education is a very important part of early childhood learning, and child care programs are in a wonderful position to be part of that education. Health and safety education should be part of the daily program of activities for all child care facilities, and include physical, mental/emotional, nutritional and social health.

Health and safety education can be a fun and natural part of regular activities such as toothbrushing, hand washing, toileting, diapering, outside play and mealtimes. These are wonderful times for you to introduce and reinforce information, attitudes and behaviors. Children learn best through hands-on experiences. Singing about hand washing as the children wash their hands will reinforce the message much better than lectures about it.

The materials you use to help children learn about health and safety should be appropriate to their developmental level, individual personalities, interests and culture. Topics may include body awareness, self-esteem, nutrition, personal hygiene, car and bicycle safety, playground, fire and firearm safety, first aid, awareness of special needs, oral health, smoking, taking medications, and dialing 9-1-1.

Children and their parents will also learn from your good role modeling. Talk about the health and safety precautions that you take, such as always buckling children into appropriate car safety seats. *Caring for Our Children: National Health and Safety Performance Standards* also recommends that child care facilities schedule regular health programs for parents designed to meet the unique needs of families they serve.

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Food-Borne Illnesses

by Rahman Zamani, MD, MPH

Food-borne illnesses are widespread and making headlines. Because a small dose of infectious or toxic materials can lead to serious illnesses among children, food safety is an increasingly important issue for parents and caregivers, particularly those looking after young children.

What is a food-borne illness?

Food-borne illness is a disease caused by ingesting food or drink contaminated by microbes, chemicals or toxins. Every person is at risk of food-borne illness, but young children, pregnant women, elderly people, persons with liver disease, and those with weakened immune systems are at a higher risk.

How does food become contaminated?

We live in a microbial world with many opportunities for food to become contaminated as it is produced, processed, stored and prepared. Bacteria may already be present on products such as raw meat, poultry, seafood and eggs when you purchase them. Even safely cooked foods can become cross-contaminated with raw products, meat juices or other contaminated products.

Common food handling practices that contribute to food-borne illnesses include improper cooling, a lapse of 12 or more hours between preparation and eating, handling of foods by infected persons, inadequate reheating, contaminated raw food or ingredients, food from unsafe sources, improper cleaning of equipment and utensils, and inadequate cooking.

What causes food-borne illnesses?

While a good number of more than 250 different recognized food-borne diseases are caused by a variety of bacteria, viruses and parasites, others are caused by harmful toxins or chemicals that have contaminated the food. Foods most often implicated in food-borne illness outbreaks include meat and poultry, eggs and egg products, milk and milk products (including pastries with cream or custard filling), and home-canned and low-acid foods such as vegetables and meats.

What are the symptoms?

It may take from hours to days to develop symptoms of illness after a person has consumed contaminated food or drinks. This period is called the incubation period. Nausea, vomiting, abdominal cramps and diarrhea are usually the first symptoms in many food-borne diseases. However, symptoms will vary according to the type and amount of microbes and may include fever, headache, severe exhaustion and sometimes blood and pus in the stools. Symptoms usually last a day or two, but in some cases can continue for a week to 10 days. Different kinds of food-borne diseases may require different treatment depending on the symptoms they cause. Many food-borne illnesses will improve in two to three days without any medicine, and illnesses caused by viruses do not require antibiotics.

When should you seek medical help?

Seek medical help if:

- Diarrhea lasts more than three days.
- Vomiting lasts longer than 12 hours.
- There is blood in the stool.
- High fever (temperature that is over 101.5° F measured orally) is present.
- Vomiting and diarrhea are causing severe abdominal cramps.
- Signs of dehydration (such as dry mouth, decrease in urination, and feeling dizzy when standing up) are present.

How can I avoid food-borne illnesses?

Food safety involves proper food purchasing, food storage, handling and cooking. A few simple precautions can prevent food from spreading illnesses:

- ***Clean.*** Wash hands and surfaces often.
- ***Separate.*** Do not cross-contaminate.
- ***Chill.*** Refrigerate promptly.
- ***Cook.*** Cook to proper temperatures.

Remember that bacteria multiply rapidly between 40° F and 140° F. To be safe, ***keep cold food cold and hot food hot.***◇

References

Foodborn Infections, Division of Bacterial and Mycotic Diseases, CDC.

Consumer Fact Sheet, FDA Center for Food Safety and Applied Nutrition.

Food Safety for Child Care Facilities, University of Nebraska, Institute of Agriculture and Natural Resources.

Child Care Centers Fight Bacteria, USDA, Food and Nutrition Services.

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CALIFORNIA CHILDCARE HEALTH PROGRAM

Health & Safety Notes
California Childcare Health Program

CHILDCARE HEALTHLINE

Respiratory Syncytial Virus (RSV) in the Child Care Setting

What Is It?

As indicated by its name "Respiratory Syncytial Virus" or RSV is a viral infection of the respiratory system. It is the most frequent cause of respiratory infections in infants and children under 2 years of age. RSV disease can be very serious and may even cause death.

Who Gets It?

Almost 100 percent of children in the child care setting get infected in the first year of their life. Nearly every child in the United States gets RSV before the age of three. Children with heart or lung disease and weak immune systems are at increased risk of developing severe infection and complications.

Child care providers are frequently exposed to children with RSV and may get repeated RSV infections. RSV can recur throughout life. Adults most vulnerable to infection are those who have undergone chemotherapy or organ transplants, as well as those with weak immune systems.

How Is It Spread?

RSV is highly contagious and spreads from person to person. Once one child in your care is infected, spread to others is rapid and inevitable. RSV is spread by direct contact with infectious discharges or toys, surfaces, and other objects smeared or contaminated by such discharges. Droplets from a cough or sneeze may also spread infection. RSV infections occur throughout the year, but there are typically widespread outbreaks during the winter months, peaking in January and February.

When Is It Contagious?

RSV is contagious when the virus is shedding in the discharge from the mouth and nose. In young infants, this period is most frequently 1 to 2 weeks, but may sometimes be 3 weeks or longer. In older children and adults, shedding of the virus is for 3 to 7 days.

What Are the Symptoms?

In most children, symptoms appear similar to a cold or mild respiratory infection with nasal stuffiness and discharge, cough, and difficulty breathing. About half of the infections result in pneumonia and ear infection. In older children and adults, RSV causes upper respiratory infection involving the nose, throat or sinuses.

One way to tell the difference between RSV and a cold is the time of infection. Cases of RSV explode across the United States only in winter. In summer, cases of RSV are practically nonexistent. Standard tests are also available to diagnose RSV disease.

Severe cases of RSV infection may require hospitalization which sometimes involves breathing assistance, and in high-risk cases, administration of antiviral drugs.

Should the Child Stay Home?

Frequently, a child is infectious before symptoms appear. Therefore, an infected child does not need to be excluded from child care unless he or she is not well enough to participate in usual activities.

How Can We Limit the Spread?

Proper and frequent handwashing is the best way to limit the spread of RSV and other respiratory viral infections. Make sure that procedures regarding hygiene, disposal of tissues used to clean nasal secretions, and cleaning and disinfection of toys are followed.

References

Infection Control in the Child Care Center and Preschool, Leigh G. Donowitz, Third Edition, 1996.

The ABCs of Safe and Healthy Child Care, A Handbook for Child Care Providers, Centers for Diseases Control and Prevention (CDC), 1997.

By Rahman Zamani, MD, MPH (Oct, 2002)

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Telephone (510) 839-1195 • Fax (510) 839-0339 • Healthline 1-800-333-3212 • www.ucsfchildcarehealth.org

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CALIFORNIA CCHP CHILDCARE HEALTH PROGRAM

Notas de Salud y Seguridad
California Childcare Health Program

El Virus Syncytial del Sistema Respiratorio (RSV) en el Establecimiento de Cuidado Infantil

CHILDCARE HEALTHLINE

Qué es?

Como lo indica su nombre el "Virus Syncytial del sistema respiratorio" o RSV (por sus siglas en inglés) es una infección viral del sistema respiratorio. Es la causa más frecuente de infecciones respiratorias en bebés e infantes menores de 2 años. RSV es muy seria y puede ocasionar muerte.

Quién la obtiene?

Aproximadamente el 100 porciento de los niños en establecimientos de cuidado infantil se infectan durante el primer año de vida. Casi todos los niños en los Estados Unidos se infectan con RSV antes de cumplir los tres años de edad. Los niños que tienen enfermedades de los pulmones o del corazón y con sistemas inmunológicos débiles tiene un riesgo incrementado de desarrollar una infección severa y complicaciones.

Los proveedores de cuidado infantil están frecuentemente expuestos a niños con RSV y pueden infectarse repetidamente con RSV. El RSV puede recurrir durante toda la vida. Los adultos que son más vulnerables a esta infección son los que han tenido quimioterapia o trasplante de órgano, así como los que tienen un sistema inmunológico débil.

Cómo se propaga?

El RSV es altamente contagioso y se propaga de persona a persona. Una vez que un niño bajo su cuidado se infecta, el contagio a otros es rápido e inevitable. El RSV se propaga por contacto directo con secreciones infecciosas o juguetes, superficies y otros objetos embarrados o contaminados con dichas secreciones. Las salpicaduras de un estornudo o de la tos de alguien pueden también propagar la infección. Las infecciones con RSV ocurren durante todo el año, pero comunmente las epidemias son más generalizadas durante los meses de invierno, especialmente durante enero y febrero.

Cuándo es contagioso?

El RSV es contagioso cuando hay secreción de virus en los fluidos de la boca y de la nariz. En bebés pequeños, es más frecuente que este período sea de 1 a 2 semanas, pero algunas veces puede ser de 3 semanas o más. En niños mayorcitos y en adultos, la secreción de virus es de 3 a 7 días.

Cuáles son los síntomas?

En la mayoría de los niños, los síntomas son similares a los de un resfrío o de una infección respiratoria leve con narices tapadas y fluidos nasales, tos, y dificultad para respirar. Aproximadamente la mitad de las infecciones se desarrollan en pulmonía e infecciones de los oídos. En niños mayorcitos y en adultos, el RSV causa infecciones respiratorias que incluyen la nariz, la garganta y sinusitis.

Una forma de diferenciar el RSV de un resfrío es la temporada de la infección. En los Estados Unidos los casos de RSV suceden únicamente durante el invierno. Durante el verano, los casos de RSV son prácticamente inexistentes. Hay pruebas típicas para diagnosticar la enfermedad de RSV.

Los casos severos de infección por RSV pueden requerir hospitalización lo que algunas veces implica el necesitar ayuda para respirar, y en casos de alto riesgo, la necesidad de obtener medicamento antiviral.

Debe el niño quedarse en casa?

Frecuentemente, un niño es contagioso antes de que los síntomas aparezcan. Por lo tanto, un niño infectado no necesita ser excluido del local de cuidado infantil a menos que no se sienta lo suficientemente bien para participar en las actividades usuales.

Cómo podemos limitar la propagación?

La mejor manera de limitar la propagación de RSV y de otras infecciones respiratorias virales es el lavarse las manos debidamente con frecuencia. Asegúrese de que se sigan las regulaciones sobre higiene, sobre el deshecho debido de los pañuelos desechables que han sido usados para limpiar las secreciones nasales, y sobre la limpieza y la sanitización de los juguetes.

Referencias

Infection Control in the Child Care Center and Preschool, Leigh G. Donowitz, tercera edición, 1996.

The ABCs of Safe and Healthy Child Care, A Handbook for Child Care Providers, Centers for Disease Control and Prevention, 1997.

By A. Rahman Zamani, MD, MPH (Oct 2002)

Oral Health for Children With Special Needs

Among the many day-to-day challenges of caring for children with special needs, dental care sometimes ends up on the back burner. However, children with disabilities, even those with serious physical and/or developmental problems, can have good oral health. Many dental problems can be avoided with good home care and regular professional attention.

Most children with special needs start out with teeth and gums that are as strong and healthy as those of other children. As they grow older, however, they are more likely to have dental decay and gum disease because prevention is more difficult for a variety of reasons.

- Children with disabilities sometimes have special diets or eating patterns that affect oral health.
- The pureed food some children need because they have difficulty chewing or swallowing tends to stick to teeth, contributing to dental decay.
- Children who cannot drink without the assistance of others usually drink less fluid, including fluoridated water.
- Some genetic disorders can affect growth and health of teeth, and teeth that do not fit together correctly are common.
- Medications prescribed for some children can increase the risk of dental disease. The syrup base of some drugs can lead to tooth decay, while other medications can reduce the flow of saliva, depriving teeth of its protective effects.

Toothbrushes designed specifically for children with disabilities can help. You can also make one or more of these modifications to a standard toothbrush:

- attach the toothbrush to the child's hand with a wide elastic band;
- enlarge the brush handle with a sponge, rubber ball or bicycle handle grip;
- lengthen the handle with a piece of wood or plastic;
- soften the handle (not the head of the brush) in hot water, then bend.

Try to include flossing in the child's daily dental hygiene routine as soon as your dentist recommends it. Getting professional advice when your child is young can help prevent serious dental disease in later years.

Oral health services are provided through several statewide programs, including Child Health & Disability Prevention (CHDP) Program, Denti-Cal, Healthy Families, Regional Center and California Children's Services. Contact your local health department for specific telephone numbers for each of the various programs in your area.◇

Adapted with permission from The Source: A Newsletter for Families and the Community Caring for Children with Special Needs by the Family Resource Network of Alameda County.

Anxiety in Young Children

by Jill Chamberlain Boyce, RN, PNP, MPH

Most healthy children experience some anxiety as part of normal development in early childhood. Children of ages 8 months through preschool are known to often experience anxiety when separating from their parents. Fears of monsters or the dark are also common fears for a preschooler. Usually these normal fears fade over time, but if they begin to interfere with relationships and daily activities, further action needs to be taken.

What to look for

Observing and listening to the child is important to understanding the nature of the concern. Look for:

- Increased clinginess
- Regression to thumb sucking or chewing on clothes
- Sleep difficulties or nightmares
- Increased activity level
- Decreased attention span
- Increased aggression, behavior problems or irritability
- Stomachache or headache, appetite loss, bowel/ bladder problems
- Withdrawal from others

What you can do

- Talk with the parent about your observations and concerns
- Talk with the child about what he/she is feeling or thinking
- Provide a consistent environment and regular daily routines. Allow extra time for adjustment to changes, and provide warnings ahead of time.
- Provide extra verbal and physical reassurance
- Provide expression of emotions through play, art, music and stories
- Limit television exposure

Anxiety can be an important life problem, even for a young child. If the child is increasingly distressed, then a referral for professional help should be discussed with the parent. ◆

References:

The American Academy of Child and Adolescent Psychiatry at www.aacap.org.

American Psychiatric Association at www.psych.org.

American Academy of Pediatric at www.aap.org.

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HEALTH CONSULTANTS

Window Blinds: A Danger in Child Care

by Robert Frank, MS

Child care providers have their hands full every day caring for children, so it can be hard for them to stay on top of all safety issues. That's where Child Care Health Consultants come in—we can help providers spot those innocent-seeming items and situations which can be very deadly to small children.

One of these is window blind cords. According to the Consumer Product Safety Commission, about one child each month strangles in window covering cords, many of them in the loop of the cords. Since 1990, two children have died in child care settings after standing up in their cribs and becoming entangled in a window blind cord.

This issue is so significant that in *Caring for Our Children: National Health and Safety Performance Standards*, Second Edition, Standard 5.160 outlines the importance of making strings and cords inaccessible to young children for their own safety. According to the standards, younger victims, usually between 10 to 15 months of age, can become entangled in cords from window coverings near their cribs. Older children, usually between 2 to 4 years of age, become entangled in cords while climbing on furniture to look out of windows. Child Care Health Consultants should help providers inspect all window blinds and coverings, and for additional safety make sure that cribs are not placed near windows.

In 1999, a national study by the U.S. Consumer Product Safety Commission (CPSC) on potential safety hazards noted that 26 percent of the child care settings in the study had loops on their window blind cords. Because of CPSC's work with the industry, all loops on new mini-blind cords have been eliminated since then, but that doesn't make older blinds any safer. CPSC advises that child care providers with older mini-blinds or venetian blinds cut the looped cord, remove the buckle, and put a safety tassel on each cord. Older vertical blinds and drapery cords should have tension or tie-down devices to hold the cords tight. Even if the loop is removed, the cord may be long enough for a child to get caught up in and strangled, so all cords should be well out of the reach of children.

When buying new window coverings, child care providers should ask for child safety features. Details, safety tips and how-to illustrations can be found at the Web site for the Window Coverings Safety Council at www.windowcoverings.org. ◇

References

U.S. Product Safety Commission Study; www.cpsc.gov/LIBRARY/ccstudy.html.

Every adult needs a child to teach; it's the way adults learn.

—Frank A. Clark

CCHP UPDATES

Welcome New Staff Members

by Abbey Alkon, RN, PhD

CCHP is pleased to announce two new staff members on the Healthline Project, funded by the California Department of Education, Child Development Division.

Jill Boyce, RN, PNP, MPH, is our new Healthline Coordinator and will provide consultation on the Healthline, in addition to expertise on behavioral health. Jill has a strong clinical background as a Nurse Practitioner providing primary and specialty care in the community for over 20 years. During the past six years, she worked in a Developmental-Behavioral Pediatric clinic working with an interdisciplinary team providing assessments and care for children with behavioral or developmental problems.

Mardi Lucich, MEd, is our new Infant/Toddler and Inclusion Specialist. Mardi has experience as a child care teacher and director, and has worked with infants, toddlers and children with special needs. She completed the Program for Infant-Todder Caregivers (PITC) by WestEd. ◇

—Health and Safety Education, continued from page 4

These programs may be in a variety of forms, including open-house meetings with guest speakers, newsletters, a video lending library, children's projects, and health and safety fact sheets. You can also provide information on valuable community resources such as WIC, medical and dental societies, Child Care Health Consultants, parent education organizations and low-cost health insurance. For more information, visit our Web site at www.ucsfchildcarehealth.org, or call the Healthline at (800) 333-3212. ◇

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EVENTS

Nov 8–9
Keeping Children and Youth in Their Communities: Serving Families with Multi-Agency Needs.
Sacramento. California Mental Health Institute. Contact: Kim Mayhew (916) 556-3480, x 133.

Nov 12
Inter-Agency Council on Child Abuse and Neglect Conference.
Los Angeles. ICAN, (626) 455-4585.

Nov 16
5th Annual Conference of Hispanic Child Care Associations—Fuerza en Diversidad.
In Spanish. Gilroy, CA.
Fuerza en Diversidad. Contact: Cirila Ramírez, (831) 636-2537.

Nov 20–23
National Association for the Education of Young Children Conference.
New York, NY. NAEYC, (202) 232-8777; www.naeyc.org.

Dec 6–8
Zero to Three National Training Institute — Babies Can't Wait: Critical Issues for the Infant/Family Field.
Washington, DC. Zero to Three, (202) 624-1760; www.zerotothree.org.

Jan 22–24
Head Start Works: Ask Me How!
Sacramento. California Head Start Association, (916) 263-3916; www.ca-headstart.org/call.pdf.

Save the Date
CAEYC Advocacy Action Day
April 23, 2003 • Sacramento

An opportunity for children's advocates to receive knowledge of public policy goals and priorities, and to meet and discuss issues with state legislators.

PRODUCT WATCH

Recalls and Product Alerts

Below is a summary of items recalled voluntarily and preventively. As always, take the recalled item out of circulation and contact the appropriate company to find out about replacements, parts, refunds or other instructions.

Recalled Item	Defect	Contact Information
Playskool toy chest	Screws in the lid support hinges can loosen over time and come out from the base; possibly causing injuries to the head, neck, fingers or hands.	XL Machine Ltd. (866) 746-8097 www.target.com
Star Clacker wooden toys; Ride-On Duck wooden riding toys	The wooden peg can come off of the Star Clacker, posing a choking hazard; it does not comply with the Federal Hazardous Substance Act for design and construction of baby rattles. The Ride-On Duck's wheel cap can break, allowing the wheel to come off and release small parts, presenting a choking hazard.	Pottery Barn Kids (866) 428-6467 www.potterybarnkids.com
"Toddler Tote™" activity sets; "Familiar Things" toddler puzzles	The dog puzzle included with both of these products and the rubber handle on the box of the activity set can tear apart into small pieces and pose a choking hazard to small children.	Lauri® (800) 451-0520
Plan Toys pull-along snails	The eyes on the pull toy can detach, posing a choking hazard to young children.	BRIO® (888) 274-6869

CCHP has a set of eight colorful and friendly laminated health and safety "Survival Tips" mini-posters. The set is available in English or Spanish for only $10. Topics include morning health checks, hand washing and proper diapering procedures. For more details, call the Healthline at (800) 333-3212 or visit our Web site at www.ucsfchildcarehealth.org.

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Legislation That Affects You

by Mardi Lucich, MEd

Child Care Provider Notification Regulations

The Department of Social Services (DDS) submitted emergency regulations to comply with the Governor's directive to require child care providers to inform parents if anyone in the child care program has a criminal record exemption. Effective August 8, 2002 the emergency regulations mandate that providers: (1) post the Parents' Rights poster in a prominent, publicly accessible area; (2) provide all parents with a copy of the *Notification of Parents' Rights* and *Caregiver Background Check Process* forms; (3) inform parents, if asked, the names and job responsibilities of any person living or working at the facility who has been granted an exemption (however, no information on the nature of the crime can be disclosed). Failure to comply with these regulation requirements is subject to citations and/or civil penalties. The DSS/Community Care Licensing Web site at www.ccld.ca.gov provides more information.

What are criminal record exemptions? Anyone who works in a licensed child care center or works or lives in a licensed family child care home must submit fingerprints to DSS. The prints are reviewed through the Department of Justice (DOJ) and the Federal Bureau of Investigation (FBI) for any criminal background activity. If the person has committed any of 51 severe crimes, such as murder, rape, kidnapping, sexual violence, or molestation of children, the person *cannot* by law own, live in, or work in a licensed child care program. All other crimes are evaluated to determine exemption eligibility. DSS considers the type of crime, how it was committed, how long ago it occurred, and whether the applicant was honest in his/her report. After careful consideration, DSS either issues or denies an exemption.

Paid Family Leave (SB 1661)

California workers have become the first in the nation to win comprehensive paid family and medical leave! The new law allows about 13 million of California's 16 million employees six weeks of paid leave at 55 percent of a worker's salary for time to bond with a new child or care for an ill or injured family member. Payments are capped at $728/week, tax-free, and will cost employees from $11 to $72 a year in increased disability insurance depending on earnings. The law does not guarantee job protection for employees at companies with fewer than 50 workers. The leave program will be paid for entirely by employee paycheck deductions, which will begin in January 2004; employees won't qualify for leave time until July of 2004.

Expanding Child Care Capacity for Children with a Disability or Other Special Needs (SB 1703)

Through this bill, $42 million in one-time funds are being distributed to local planning councils and/or resource and referral agencies to expand child care capacity for children with special needs and to address the needs of underserved areas. A majority of the money is to assist state-subsidized child care centers and family day care homes in expanding facilities, making repairs and renovations, improving health and safety, upgrading playgrounds, complying with the Americans with Disabilities Act, and otherwise making facilities accessible to children with disabilities. Up to 30 percent of the funds can be used to expand the capacity of non-state subsidized child care providers to serve children with special needs. Contact your local R&R and/or local child care planning council for more information. ◆

—West Nile Virus Update, continued from page 1

How can I avoid getting the virus?

There is no medicine or vaccine you can take to prevent the virus. However, since it can only be transmitted by mosquitos, prevention of mosquito bites is the key to prevention until cold winter weather kills this year's crop of mosquitoes. Guidelines for prevention include:

- Empty out or remove any water source that is standing for more than four days, including wading pools, birdbaths, and rain gutters. Mosquitos lay their eggs in standing water.
- Avoid being outside at dawn and dusk during mosquito season (April to October) when mosquitos are most active.
- Use insect repellent containing DEET cautiously in children 2 months to 12 years of age. Make sure it contains no more than 10 percent DEET, and use it no more than once a day. Follow all directions carefully. DEET is **not** recommended for infants under 2 months old. Adults may use repellants containing up to 35 percent DEET. If possible, use an insect repellant containing geraniol instead of DEET. Geraniol is a safe plant product marketed under names such MosquitoSafe, TickSafe and FireantSafe. ◆

References

AAP Handbook of Pediatric Environmental Health, First Edition; "Pesticides" chapter; 1999; pages 208-211.

Resources

For more information on avoiding mosquito bites call the Healthline or visit the American Mosquito Control Association Web site at: www.mosquito.org.

www.cdc.gov/ncidod/dvbid/westnile/index.htm#contacting.

www.cdc.gov/travel/bugs.htm.

www.parentsplace.com/babies/safety/qas/0,10338,443197_1009/0,00.html

www.aap.org/family/aww-excerpt.htm.

Child Health Alert, September 2002. Vol. 20.

Health & Safety Resources

Grandparents and Other Relatives Raising Children in California, from the Children's Defense Fund, presents data on kinship care programs, laws and services, as well as a comprehensive list of kinship caregiver advocates. Find out more information at California Voices 4 Children, **http://shadeaux.vosn.net/~children/ikonboard/cgi-bin/ikonboard.cgi?s=3d879cab38f2ffff;act=ST;f=6;t=29.**

About Our Kids provides information and resources to help foster children's positive behavior, development, mental health and social skills. Online at **www.aboutourkids.com.**

Help Yourself to a Healthy Home: Protect Your Children's Health, from the U.S. Department of Housing and Urban Development, has background and interactive checklists on common household health issues, including air quality, drinking water, lead poisoning and harmful household products. Online at **www1.uwex.edu/healthyhome/tool.**

Association Between Mothers Working Full-Time and Young Children's Cognitive and Verbal Development, a new study from Teacher's College at Columbia University, finds that preschoolers whose mothers worked more than 30 hours a week while they were infants have poorer cognitive and verbal development. The study recommends improving infant child care quality, expanding maternal leave and other family-friendly work policies, and not requiring mothers on welfare to work until their child is at least one year old. The study was published in July-August issue of Child Development; summary is online at **www.columbia.edu/cu/news/02/07/working_mothers.html.**

Insure Kids Now provides answers to parents' commonly asked questions about health insurance, as well as tips and materials for health outreach and links to state health insurance programs. English and Spanish. Online at **www.insurekidsnow.gov.**

Making Dollars Follow Sense: Financing Early Childhood Mental Health Services to Promote Healthy Social and Emotional Development in Young Children highlights innovative approaches for financing children's mental health prevention, early intervention and treatment services. Includes resources and case studies. Free. National Center for Children in Poverty, Columbia University, 154 Haven Ave, New York, NY 10032; (212) 304-7100; online at **www.nccp.org/ProEmoPP4.html.** ◆

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